

BLOCK 672 LOT 8 QUALIFICATION CODE \_\_\_\_\_ADDRESS (SITE) 51 Chambers Bridge RdPERMIT NO. 08-2226

# CONSTRUCTION PERMIT APPLICATION

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

## I. IDENTIFICATION

1. Proposed Work Site at: 51 Chambers Bridge Rd

2. Name of Owner: Developers Diversified Tel. (216) 755-5500  
Address Po Box 228042 Bedfordwood OH 44122  
street municipality zip code

3. Ownership in Fee: Public \_\_\_\_\_ Private ☒

4. Principal Contractor: Garden State Signs 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 7655

5. Architect or Engineer \_\_\_\_\_ Tel. ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Contact \_\_\_\_\_

6. Responsible Person in Charge once Work has Begun Joseph E. Evers Pres  
Tel. (732) 363 7645 FAX: (732) 363 7655

## V. FEE SUMMARY (for office use only)

|                                   |    |            |            |        |
|-----------------------------------|----|------------|------------|--------|
| 1. Building                       | \$ | <u>142</u> | <u>1A</u>  | Update |
| 2. Electrical                     |    | <u>40</u>  | <u>63</u>  |        |
| 3. Plumbing                       |    |            |            |        |
| 4. Fire Protection                |    |            |            |        |
| 5. Elevator Devices               |    |            |            |        |
| 6. Subtotal                       | \$ |            |            |        |
| 7. Less 20% for State Plan Review |    |            |            |        |
| 8. Subtotal                       | \$ | <u>20</u>  | <u>27</u>  |        |
| 9. State Permit Surcharge Fee     |    |            |            |        |
| 10. Subtotal                      | \$ |            |            |        |
| 11. Cert. of Occupancy            |    |            |            |        |
| 12. Other <u>217</u>              |    |            |            |        |
| 13. TOTAL                         | \$ | <u>232</u> | <u>120</u> |        |

## VI. BUILDING/SITE CHARACTERISTICS

- Number of Stories \_\_\_\_\_
- Height of Structure \_\_\_\_\_ ft.
- Area — Largest Floor \_\_\_\_\_ sq. ft.
- New Building Area \_\_\_\_\_ sq. ft.
- Volume of New Structure \_\_\_\_\_ cu. ft.
- Construction Classification \_\_\_\_\_
- Total Land Area Disturbed \_\_\_\_\_ sq. ft.
- Flood Hazard Zone \_\_\_\_\_
- Base Flood Elevation \_\_\_\_\_ ft.
- Wetlands yes \_\_\_\_\_  
no \_\_\_\_\_
- Max. Live Load \_\_\_\_\_
- Max. Occupancy Load \_\_\_\_\_

(office use only)

COMMERCIAL

## OPTIONAL (for office use only)

| II. PROPOSED WORK                                                        | Est. Cost       | Plans Rec'd by | Date Rec'd     | Rejection Date | Approval Date  | Re-viewer | Resubmission Dates Approval | Rejection | Re-viewer |
|--------------------------------------------------------------------------|-----------------|----------------|----------------|----------------|----------------|-----------|-----------------------------|-----------|-----------|
| 1. <input checked="" type="checkbox"/> Minor Work                        | <u>15000.-</u>  |                |                |                | <u>7-17-08</u> | <u>MM</u> |                             |           |           |
| 2. <input type="checkbox"/> New Building                                 |                 |                |                |                |                |           |                             |           |           |
| 3. <input type="checkbox"/> Addition                                     |                 |                |                |                |                |           |                             |           |           |
| 4. <input type="checkbox"/> a. Repair                                    |                 |                |                |                |                |           |                             |           |           |
| <input type="checkbox"/> b. Alteration                                   |                 |                |                |                |                |           |                             |           |           |
| <input type="checkbox"/> c. Renovation                                   |                 |                |                |                |                |           |                             |           |           |
| <input type="checkbox"/> d. Reconstruction                               |                 |                |                |                |                |           |                             |           |           |
| 5. <input type="checkbox"/> Fire Protection                              |                 |                |                |                |                |           |                             |           |           |
| 6. <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical |                 |                |                |                |                |           |                             |           |           |
| 7. <input type="checkbox"/> Electrical                                   |                 |                |                |                | <u>7-17-08</u> | <u>MM</u> |                             |           |           |
| 8. <input type="checkbox"/> Elevator Devices                             |                 |                |                |                |                |           |                             |           |           |
| 9. <input type="checkbox"/> Asbestos Abat. Subch. 8                      |                 |                |                |                |                |           |                             |           |           |
| 10. <input type="checkbox"/> Lead Hazard Abatement                       |                 |                |                |                |                |           |                             |           |           |
| 11. <input type="checkbox"/> Demolition                                  |                 |                |                |                |                |           |                             |           |           |
| TOTAL COSTS                                                              | <u>15,000.-</u> | <u>MM</u>      | <u>7/15/08</u> |                | <u>7/15/08</u> | <u>MM</u> |                             |           |           |

## III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

## IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

- ☐ Elevators/Escalators/Lifts/  
Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers

## VII. DESCRIPTION OF BUILDING USE

### A. RESIDENTIAL

- ☐ Hotels (R-1) IBC 2006 NJ
- ☐ Multi-Family (R-2) IBC 2006 NJ
- ☐ Two-Family (R-3) IBC 2006 NJ
- ☐ Two-Family (R-5) IRC 2006 NJ
- ☐ One-Family (R-3) IBC 2006 NJ
- ☐ One-Family (R-5) IRC 2006 NJ

No. of dwelling units:

Before Construction \_\_\_\_\_

After Construction \_\_\_\_\_

Net Gain or Loss \_\_\_\_\_

### B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change In Use Group, Indicate Former:



Brick Township  
401 Chambersbridge Rd  
Brick, NJ 08723

Date Issued 3/19/2009  
Control Number C-08-003397  
Permit Number 08-2226  
Permit Issue Date 7/23/2008  
Certificate Number 08-2226

## Certificate

Construction Code Division  
(Certificate of Approval)

### Identification

Work Site Location: 51 CHAMBERS BRIDGE RD Brick Township, NJ Block: 672 Lot: 8 Qual: \_\_\_\_\_  
Owner in Fee: DEVELOPERS DEVERSIFIED  
Owner Address: P O BOX 2280 BEDCHWOOD OH 44122  
Telephone: (216) 755-5500  
Contractor: GARDEN STATE SIGN CO  
Address: 4880 HWY 9 HOWELL NJ 07731-  
Telephone: (908) 363-7645 Fax: \_\_\_\_\_  
License Number or Builders Registration Number: \_\_\_\_\_ Federal Emp. Number: 22-2199471

Home Warranty Number: \_\_\_\_\_

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification: \_\_\_\_\_

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SIGN INSTALLATION INSTALL 1 SET OF CHANNEL LETTERS TO READ LOGO, INSTALL REPLACEMENT SIGN ON EXISTING PYLON SIGN, INSTALL 1 SET OF CHANNEL LETTERS ON SIDE ELEVATION TO READ LOGO. <COMMERCIAL>

Certificate Comments:

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

**Conditions to be met:**

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work  
☐ Partial or limited time period (     years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work  
☐ Partial or limited time period (     years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

**Conditions to be met:**

Construction Official

Fee: \$0.00

Check Number: \_\_\_\_\_

Collected By: \_\_\_\_\_



# PERMIT UPDATE

Date Update Issued  
Control # C-08-003397  
Permit # 08-2226  
Date Permit Issued 07/23/2008

IDENTIFICATION Block 672 Lot 8  
Work Site Location 51 CHAMBERS BRIDGE RD, BRICK NJ Contractor GARDEN STATE SIGN CO  
Address 4880 RTE 9 SOUTH  
Owner in Fee DEVELOPERS DEVERSFIED Address HOWELL NJ 07731  
Address PO BOX 2280 BEDCHWOOD OH 44122 Tel. ( 732 ) 363 7645  
Tel. ( 216 ) 755 5500 Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
Fed. Emp. No. 222199471

**Is hereby granted permission to perform the following work:**

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

DESCRIPTION OF WORK: INSTALL 2 SETS OF CHANNEL LETTERS AND  
REPLACE SIGN ON EXISTING PYLON SIGN.

Estimated Cost of Work \$ 20,000.00

Construction Official \_\_\_\_\_

Date \_\_\_\_\_

U.C.C. F190  
(rev. 3/96)

1 WHITE—INSPECTOR COPY    2 CANARY—OFFICE COPY    3 PINK—OFFICE COPY    4 GOLD—APPLICANT COPY

**PAYMENTS (Office Use Only)**

Building \_\_\_\_\_  
Electrical \_\_\_\_\_  
Plumbing \_\_\_\_\_  
Fire Protection \_\_\_\_\_  
Elevator Devices \_\_\_\_\_  
Other \_\_\_\_\_  
DCA Training Fee \_\_\_\_\_  
Cert. of Occupancy \_\_\_\_\_  
Other \_\_\_\_\_  
Total \_\_\_\_\_  
Check No. \_\_\_\_\_  
Cash \_\_\_\_\_  
Collected by \_\_\_\_\_

## 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. 5:23-2.15(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 9 S  
Howell NJ 07731

Telephone (732) 363-7645

Signature Joseph E. Erwin Pres

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

EXISTING



PROPOSED



IT IS TENANTS  
RESPONSIBILITY  
TO FIELD MEASURE PYLON  
TO INSURE PROPER FIT.

40" X 10"  
1/4" RETAINER



PROPOSED PYLON SIGN

NOT TO SCALE

|                                                                                                                                                                                                             |  |                                           |                                                                  |                           |                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------|------------------------------------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>LANDLORD APPROVAL</b><br><input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED AS NOTED <input type="checkbox"/> REVISE AND RESUBMIT                                                       |  | Job Name: WEST MARINE<br>Date: 05.12.08   | REVISION<br>▲ 05.13.08 LV<br>▲ 05.15.08 LV<br>▲ 10.10.08 LV<br>▲ | Job No.<br><b>DELOR08</b> |  <b>broadwaynational</b><br>2150 fifth avenue, rosenkoma, ny 11779<br>tel: (631) 737-3140 fax: (631) 737-3160 |
| Signature: _____<br>Title: _____<br>Date: _____                                                                                                                                                             |  | Address: _____<br>City, State: BRICK, NJ  | Scale: AS NOTED                                                  | Sheet: 4                  |                                                                                                                                                                                                    |
| APPROVED OF FULL SCALE PATTERN REQUESTED AT L.S. & D FACILITY PRIOR TO FABRICATION<br><small>Landlord's signature (above) acknowledges all specifications and dimensions as understood and correct.</small> |  | Project Manager: SHARNEE    E-Mail: _____ | Drawn by: LV                                                     |                           |                                                                                                                                                                                                    |
|                                                                                                                                                                                                             |  |                                           |                                                                  |                           |                                                                                                                                                                                                    |

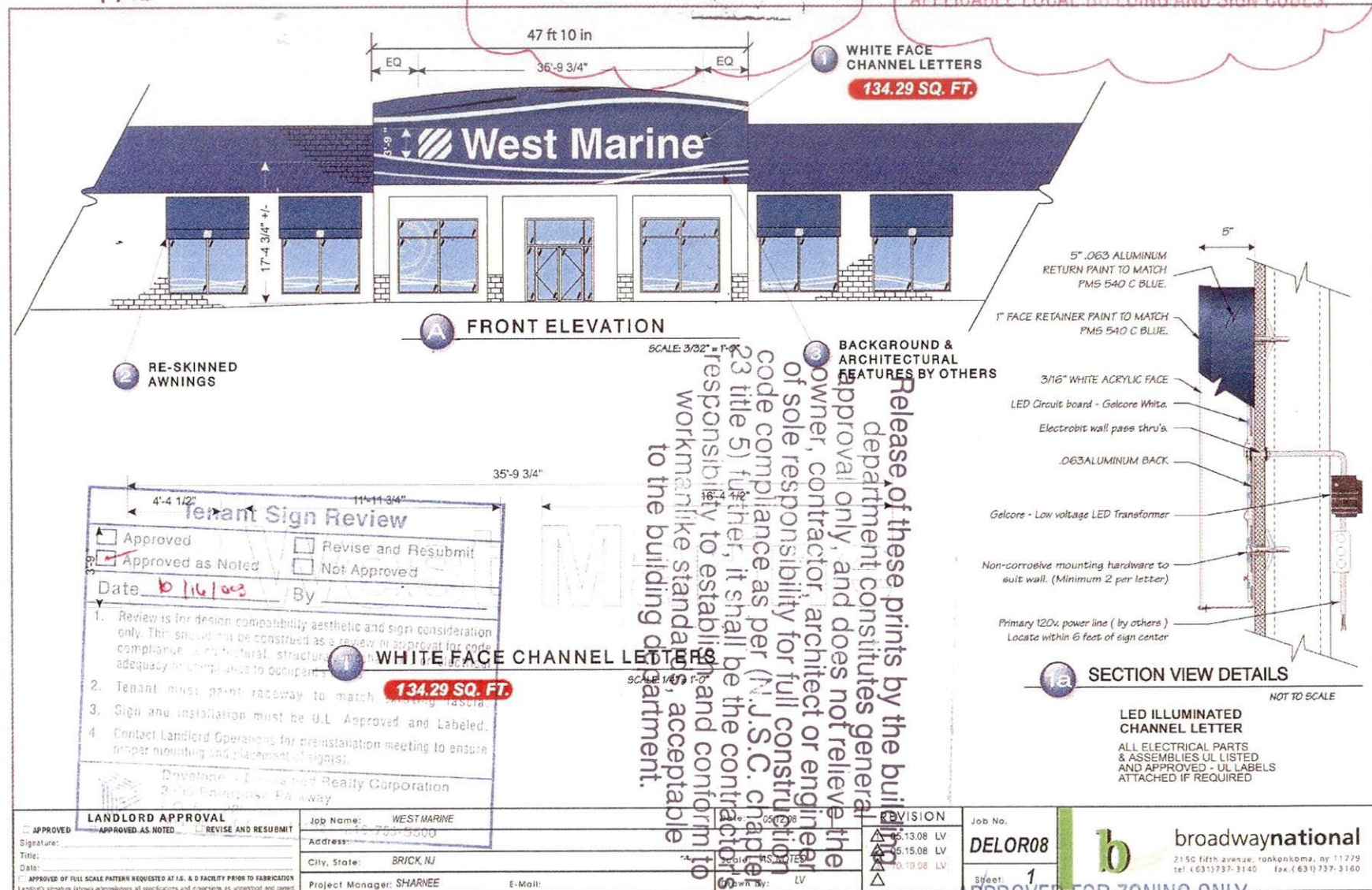
APPROVED FOR ZONING ONLY  
SEAN KINNEVY, ZONING OFFICER

10-27-08/19

OCT 23 2008 *SK*

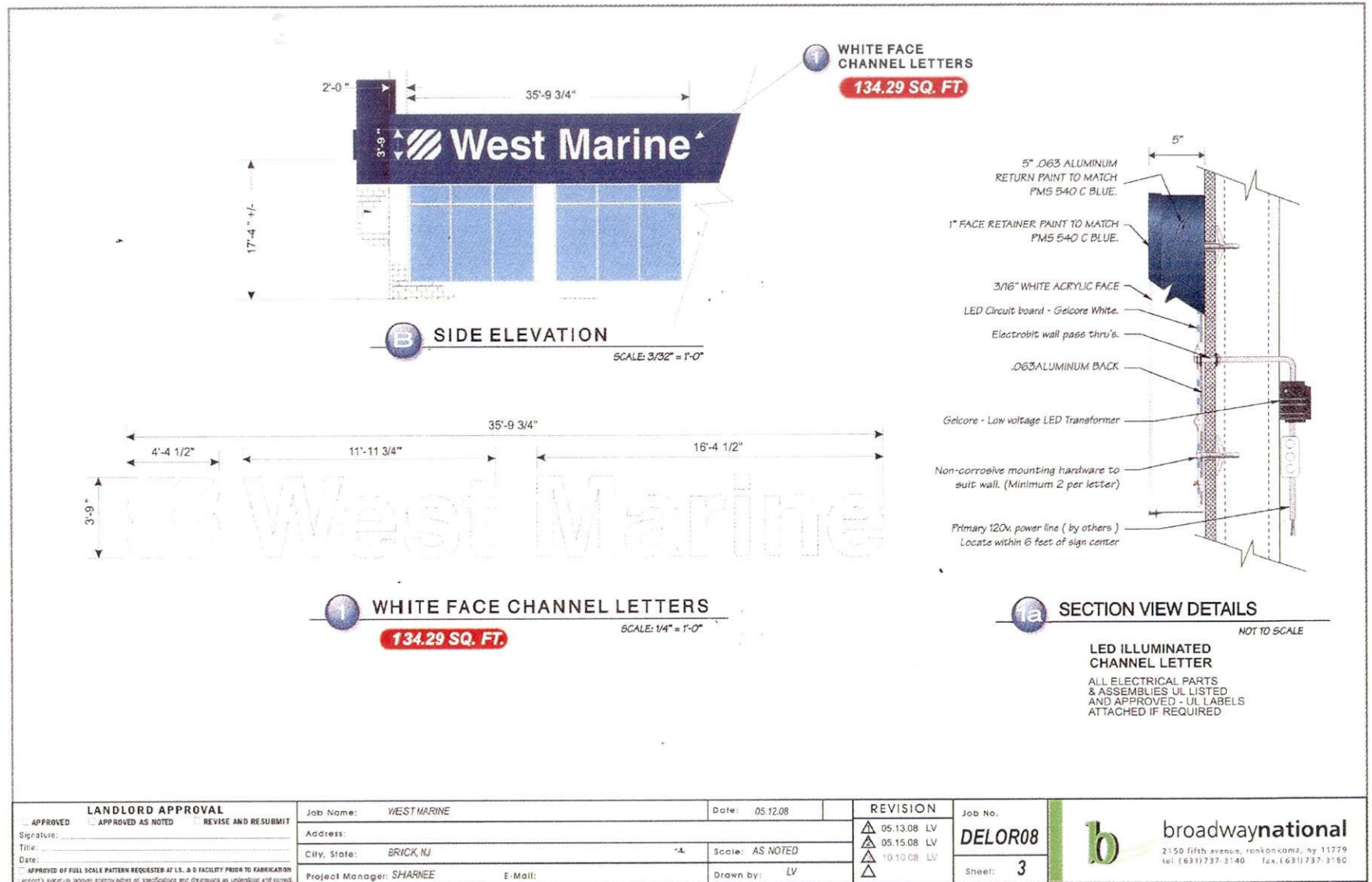
## USE NON-CORROSIVE FASTENERS

IT IS THE TENANT'S RESPONSIBILITY TO BE CERTAIN THAT ALL SIGNS CONFORM TO ALL APPLICABLE LOCAL BUILDING AND SIGN CODES.



APPROVED FOR ZONING ONLY  
SEAN KINNEVY, ZONING OFFICER

OCT 23 2008



APPROVED FOR ZONING ONLY  
SEAN KINNEVY, ZONING OFFICER

10-27-08 OCT 23 2008

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: JULY 18, 2008

To: CONSTRUCTION DEPT  
TOWNSHIP OF BRICK  
401 CHAMBERS BRIDGE ROAD  
BRICK NJ 08723

Project: WEST MARINE, 51 CHAMBERS BRIDGE ROAD, BLOCK 672, LOT 8

We are enclosing herewith 1 copies each of the following:

CK NO 7931 IN THE AMOUNT OF \$232.00

Details of \_\_\_\_\_

These are:

☒ Permits  
☐ Proposals  
☐ Contracts  
☐ Drawings  
☐ Other

☐ For approval  
☐ For final approval  
☐ For your files  
☐ For your use  
☒ As requested

Remarks: PLEASE MAIL SIGN PERMIT TO US. GARDEN STATE SIGN CO., 4880 RTE 9 SOUTH,  
HOWELL NJ 07731. MANY THANKS FOR YOUR HELP WITH THIS PROJECT.



Sincerely,

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

  
Ann Ervin, Sect'y

**RECD JUL 23 2008**

Visit Us at [www.gardenstatesign.com](http://www.gardenstatesign.com)

(732) 363-7645 (609) 392-0545 FAX (732) 363-7655

EXISTING



PROPOSED (DAY)



PROPOSED (NIGHT)



DAY/NIGHT CHANNEL LETTERS  
DETAILS ON PG 2  
**71.13 SQ. FT.**



**PROPOSED FRONT ELEVATION**

NOT TO SCALE

APPROVED FOR ZONING ONLY  
SEAN KINNEVY, ZONING OFFICER

**JUL 11 2008**

**LANDLORD APPROVAL**

☐ APPROVED ☐ APPROVED AS NOTED ☐ REVISE AND RESUBMIT

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

☐ APPROVED OF FULL SCALE PATTERN REQUESTED AT L.S. & D FACILITY PRIOR TO FABRICATION

Landlord's signature (above) acknowledges all specifications and dimensions as understood and correct.

Job Name: **WEST MARINE**

Date: **05.12.08**

Address: \_\_\_\_\_

City, State: **BRICK, NJ**

Project Manager: **SHARNEE**

E-Mail: \_\_\_\_\_

Scale: **AS NOTED**

Drawn by: **LV**

**REVISION**

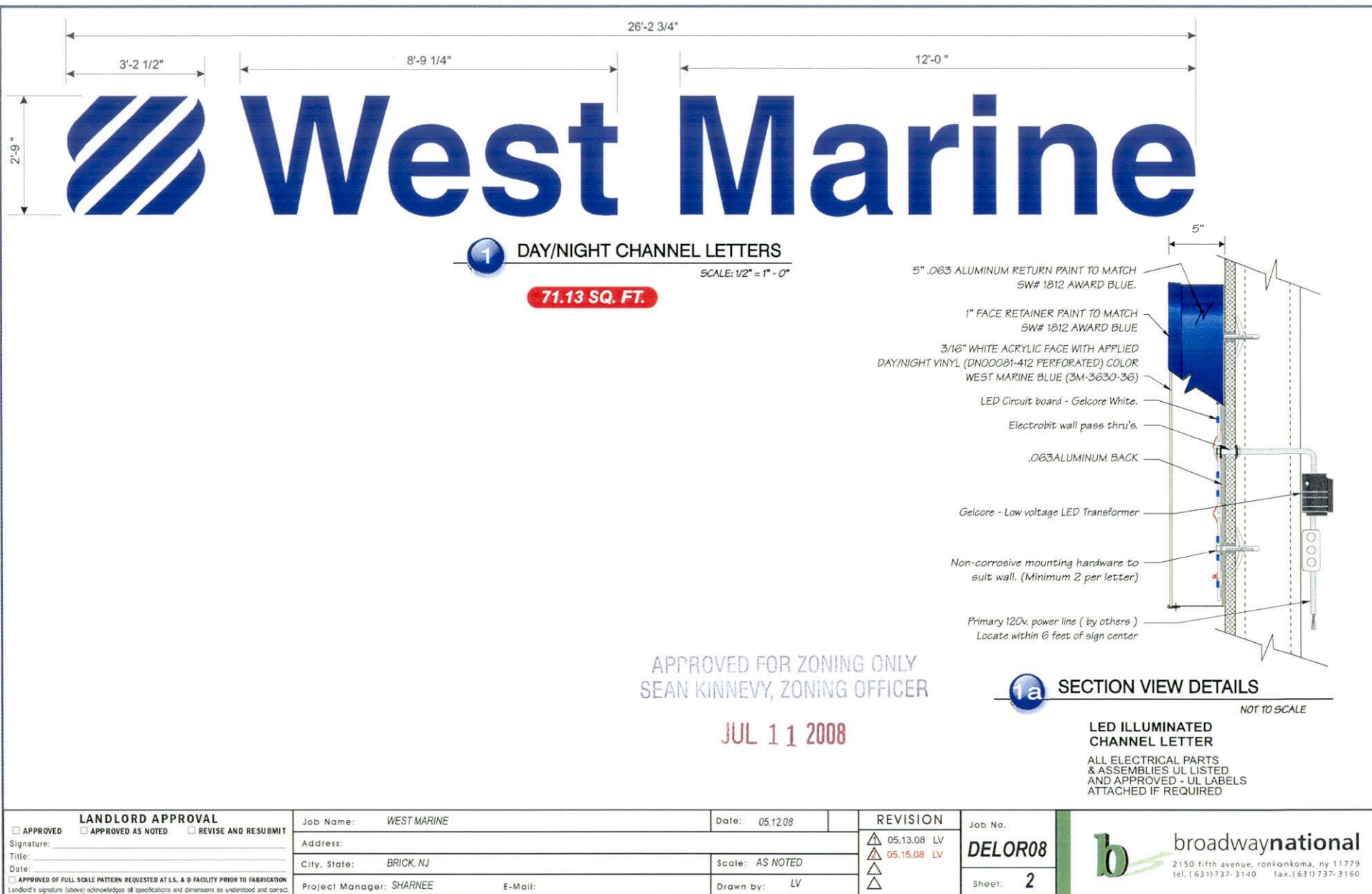
△ 05.13.08 LV  
△ 05.15.08 LV  
△

Job No. \_\_\_\_\_

**DELOR08**

Sheet: **1**

**b** **broadwaynational**  
2150 fifth avenue, ronkonkoma, ny 11779  
tel. (631) 737-3140 fax. (631) 737-3160



EXISTING



PROPOSED (DAY)



PROPOSED (NIGHT)



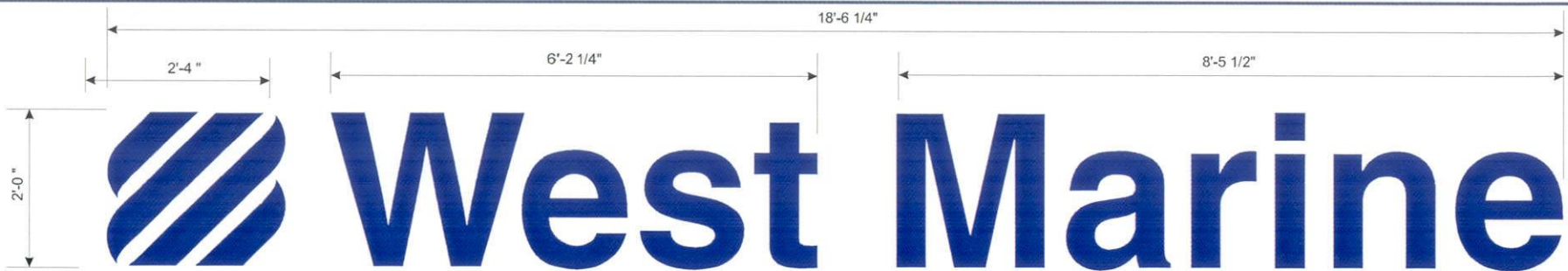
**DAY/NIGHT CHANNEL LETTERS**  
DETAILS ON PG 4  
**37.04 SQ. FT.**

APPROVED FOR ZONING ONLY  
SEAN KINNEVY, ZONING OFFICER

JUL 11 2008

**B** PROPOSED SIDE ELEVATION  
NOT TO SCALE

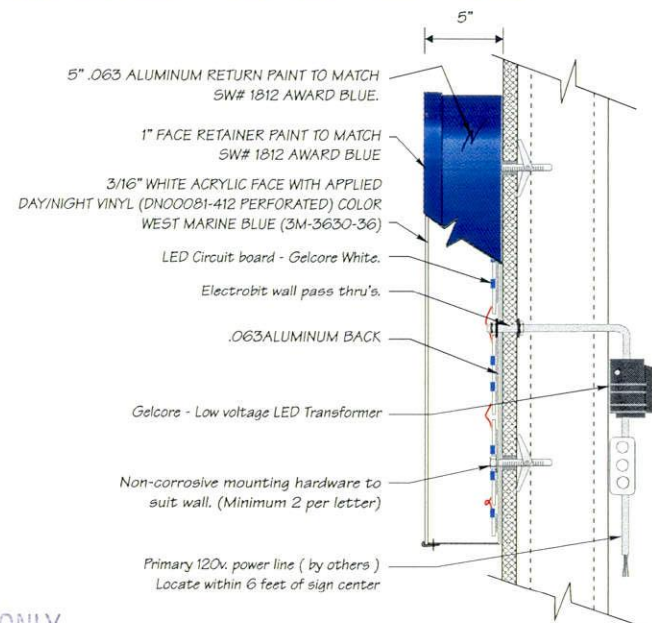
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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------|--|-------------------------------------------------------------|--|----------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>LANDLORD APPROVAL</b><br><input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED AS NOTED <input type="checkbox"/> REVISE AND RESUBMIT<br>Signature: _____<br>Title: _____<br>Date: _____<br><small><input type="checkbox"/> APPROVED OF FULL SCALE PATTERN REQUESTED AT L.S. &amp; D FACILITY PRIOR TO FABRICATION<br/>         Landlord's signature (above) acknowledges all specifications and dimensions as understood and correct.</small> |  | Job Name: <i>WEST MARINE</i><br>Address: _____<br>City, State: <i>BRICK, NJ</i><br>Project Manager: <i>SHARNEE</i> E-Mail: _____ |  | Date: <i>05.12.08</i><br>Scale: <i>AS NOTED</i><br>Drawn by: <i>LV</i> |  | <b>REVISION</b><br>▲ 05.13.08 LV<br>▲ 05.15.08 LV<br>▲<br>▲ |  | Job No. _____<br><b>DELOR08</b><br>Sheet: <b>3</b> |  |  <b>broadwaynational</b><br><small>2150 fifth avenue, ronkonkoma, ny 11779<br/>         tel. (631) 737-3140    fax. (631) 737-3160</small> |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------|--|-------------------------------------------------------------|--|----------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|



**1 DAY/NIGHT CHANNEL LETTERS**

SCALE: 3/4" = 1" - 0"

**37.04 SQ. FT.**



APPROVED FOR ZONING ONLY  
SEAN KINNEVY, ZONING OFFICER

JUL 11 2008

**1a SECTION VIEW DETAILS**

NOT TO SCALE

**LED ILLUMINATED CHANNEL LETTER**

ALL ELECTRICAL PARTS & ASSEMBLIES UL LISTED AND APPROVED - UL LABELS ATTACHED IF REQUIRED

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                               |                                                   |                                                             |                                             |                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>LANDLORD APPROVAL</b><br><input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED AS NOTED <input type="checkbox"/> REVISE AND RESUBMIT<br>Signature: _____<br>Title: _____<br>Date: _____<br><small><input type="checkbox"/> APPROVED OF FULL SCALE PATTERN REQUESTED AT L.S. &amp; D FACILITY PRIOR TO FABRICATION</small><br><small>Landlord's signature (above) acknowledges all specifications and dimensions as understood and correct.</small> |  | Job Name: WEST MARINE<br>Address: _____<br>City, State: BRICK, NJ<br>Project Manager: SHARNEE   E-Mail: _____ | Date: 05.12.08<br>Scale: AS NOTED<br>Drawn by: LV | <b>REVISION</b><br>▲ 05.13.08 LV<br>▲ 05.15.08 LV<br>▲<br>▲ | Job No. _____<br><b>DELOR08</b><br>Sheet: 4 |  <b>broadwaynational</b><br>2150 fifth avenue, ronkonkoma, ny 11779<br>tel. (631) 737-3140 fax. (631) 737-3160 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

EXISTING



PROPOSED



40" X 10"  
1/4" RETAINER

APPROVED FOR ZONING ONLY  
SEAN KINNEVY, ZONING OFFICER

JUL 11 2008



PROPOSED PYLON SIGN

NOT TO SCALE

LANDLORD APPROVAL

☐ APPROVED ☐ APPROVED AS NOTED ☐ REVISE AND RESUBMIT

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

☐ APPROVED OF FULL SCALE PATTERN REQUESTED AT L.S. & D FACILITY PRIOR TO FABRICATION  
Landlord's signature (above) acknowledges all specifications and dimensions as understood and correct.

Job Name: WEST MARINE

Date: 05.12.08

Address: \_\_\_\_\_

City, State: BRICK, NJ

Project Manager: SHARNEE

E-Mail: \_\_\_\_\_

Scale: AS NOTED

Drawn by: LV

REVISION

△ 05.13.08 LV

△ 05.15.08 LV

△

△

Job No.

DELOR08

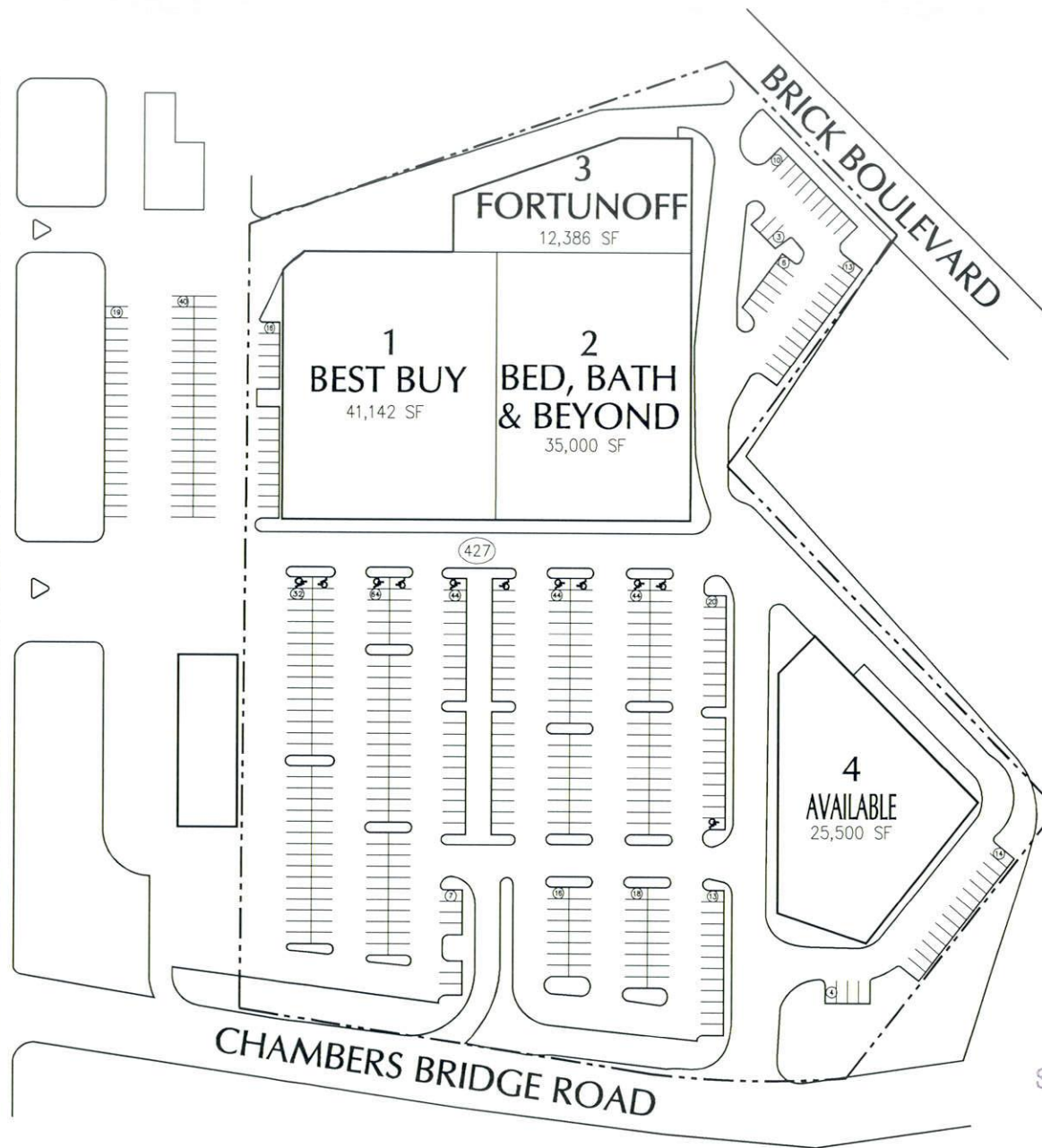
Sheet: 5



broadwaynational

2150 fifth avenue, ronkonkoma, ny 11779  
tel. (631) 737-3140 fax. (631) 737-3160

STATE HIGHWAY 70



TENANT INDEX

REVISION  
02.28.08

|   |                    |           |
|---|--------------------|-----------|
| 1 | BEST BUY           | 41,142 SF |
| 2 | BED, BATH & BEYOND | 35,000 SF |
| 3 | FORTUNOFF          | 12,386 SF |
| 4 | AVAILABLE          | 25,500 SF |

West Marine  
Block 672 Lot 8

APPROVED FOR ZONING ONLY  
SEAN KINNEVY, ZONING OFFICER

JUL 11 2008



BRICK CENTER PLAZA  
Brick, New Jersey

DISCLAIMER

DIMENSIONS LISTED ON THIS PLAN WERE DERIVED FROM THE  
AVAILABLE SURVEY AND RENT ROLL DATA PROVIDED.  
ALL DIMENSIONS MUST BE FIELD VERIFIED FOR ACCURACY.

# Garden State Sign Company

## LETTER OF TRANSMITTAL

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: JUNE 24, 2008

To: SEAN KINNEVY, ZONING OFFICER

TOWNSHIP OF BRICK

401 CHAMBERS BRIDGE ROAD

BRICK NJ 08723

RECEIVED  
JUN 26 2008  
ENGINEERING

Project: SIGNS FOR WEST MARINE 51 CHAMBERS BRIDGE ROAD BLOCK 672, LOT 8  
MOVING INTO THE STORE WHERE LEVITZ WAS.

We are enclosing herewith 1 copies each of the following:

3 SETS OF PLANS, UCC FORMS AND ZONING PERMIT APPLICATION, APPROVAL LETTER FROM  
DEVELOPERS DIVERSIFIED REALTY

Details of \_\_\_\_\_

These are:

☒ Permits  
☐ Proposals  
☐ Contracts  
☐ Drawings  
☐ Other

☒ For approval  
☐ For final approval  
☐ For your files  
☐ For your use  
☐ As requested

Remarks: PLEASE CALL WITH QUESTIONS, FEES, ETC. MANY THANKS FOR YOUR HELP WITH  
THIS PROJECT.



Sincerely,

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

  
Ann Ervin, Sect'y

Visit Us at [www.gardenstatesign.com](http://www.gardenstatesign.com)

(732) 363-7645 (609) 392-0545 FAX (732) 363-7655

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: 7/8/2008

To: SEAN KINNEVY, ZONING OFFICER  
TOWNSHIP OF BRICK  
401 CHAMBERS BRIDGE ROAD  
BRICK NJ 08723

Project: SIGNS FOR WEST MARINE, 51 CHAMBERS BRIDGE ROAD, BLOCK 672, LOT 8  
MOVING INTO THE STORE WHERE LEVITZ WAS.

We are enclosing herewith 1 copies each of the following:

PLOT PLAN EXEMPT FORM, AND ELECTRICAL SUB-CODE TO BE ADDED TO APPLICATION  
FILED JUNE 24, 2008.

Details of \_\_\_\_\_  
\_\_\_\_\_

|            |                                             |                                                  |
|------------|---------------------------------------------|--------------------------------------------------|
| These are: | <input checked="" type="checkbox"/> Permits | <input checked="" type="checkbox"/> For approval |
|            | <input type="checkbox"/> Proposals          | <input type="checkbox"/> For final approval      |
|            | <input type="checkbox"/> Contracts          | <input type="checkbox"/> For your files          |
|            | <input type="checkbox"/> Drawings           | <input type="checkbox"/> For your use            |
|            | <input type="checkbox"/> Other              | <input type="checkbox"/> As requested            |

Remarks: THANK YOU FOR YOUR HELP WITH THIS APPLICATION. PLEASE CALL WITH  
FEES QUESTIONS.



Sincerely,

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

  
Ann Ervin, Sect'y

RECEIVED  
JUL 11 2008  
ENGINEERING

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