BLOCK 672 LOT 8 QUALIFICATION CODE C15-8 ADDRESS (SITE) 51 Chambers Bridge Rd RT. 70 & CHAMBERS BRIDGE RD. PERMIT NO. 99-1418

RECEIVED
APR 0 i 199

DIVISION

CONSTRUCTION PERMIT APPLICATION

Bed, Bath, and Beyond

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

I. IDENTIFICATION

1. Propsed Work Site at: RT. 70 & CHAMBERS BRIDGE RD.
2. Name of Owner in Fee: SHL Brick LLC Tel. (732) 544-1818
   Address 525 River Rd (street) Edgewater (municipality) NJ 07724 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: CENTRAL SIGN & CRANE (609) 384-5711
   Address 1030 Delsea Dr. Bldg #3 PO Box 146 Westville, NJ.
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date 08093
   Federal Employee No. 23-2906059 FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work JOE SINCLAIR
   Tel. (609) 384-5711 FAX (609) 384-8355

3 signs

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	612.-	
2.	Electrical		35	
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee		5.-	
10.	Subtotal			
11.	Cert. of Occupancy		35	
12.	Other			
13.	TOTAL	$	687.	

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories	
2.	Height of Structure ft.	
3.	Area — Largest Floor sq. ft.	
4.	New Building Area sq. ft.	
5.	Volume of New Structure cu. ft.	
6.	Construction Classification	
7.	Total Land Area Disturbed sq. ft.	
8.	Flood Hazard Zone	
9.	Base Flood Elevation ft.	
10.	Wetlands yes	
	no	
11.	Max. Live Load	
12.	Max. Occupancy Load	

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☑ Alteration	6,000.-				5-4-99	FM	5/28/99		
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☑ Electrical	100.-								
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	$6,100.-		4/20/99		4/20/99				

OPTIONAL (for office use only)

Approved 4/14/99

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL 0

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-3) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-3) CABO

No. of dwelling units:
Before Construction
After Construction
Net Gain or Loss

B. NON-RESIDENTIAL 0

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

AHBT PRELIMINARY APPROVAL

LDS BR-B 10100953

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 MICHAEL LISTOWSKI FOR CENTRAL SIGN & CRANE CO

Address 1030 Delsea Dr. PO Box 1116
Westville, NJ 08093

Telephone (609) 384-5711

Signature Michael Listowski for Central Sign & Crane Co.

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 05/06/99
Control #
Permit # 99-1418

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 672 Lot 8 Qual

Work Site Location 51 CHAMBERSBRIDGE RD BRDS,BA
3 SIGNS
Owner in Fee SHL BRICK LLC
Address 525 RIVER RD
EDGEWATER, NJ 07724-
Telephone (732)544-1818

Contractor CENTRAL SIGN & CRANE
Address 1030 DELSEA DR P O BOX 146
WESTVILLE, NJ 08093-
Telephone (609)384-5711
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-2906059

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:
3 SIGNS

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 $ 6,150

J Carusiyya/CS
Construction Official

05/06/99
Date

U.C.C. P170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	612
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	5
Cert. of Occupancy	0
Other 2PEL	30
Total	682 ~~652~~
Check No.	1029
Cash	
Collected By	CS

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/14/99
Date Issued 5/16/99
Control # C15-8
Permit # 99-1418

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 Qual
Work Site Location 51 CHAMBERSBRIDGE RD BEDS,BA
3 SIGNS
Owner in Fee SHL BRICK LLC
Address 525 RIVER RD
EDGEWATER, NJ 07724-
Tele.(732)544-1818
Contractor CENTRAL SIGN & CRANE
Address 1030 DELSEA DR P O BOX 146
WESTVILLE, NJ 08093-
Tele.(609)384-5711 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-2906059

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

Per Zoning Permit

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	5-4-99	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 5-28-99
Approved By: FM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			5-28-99	FM
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[X] Sign 612 Sq. Ft.	612
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 6,000
3. Total (1+2)$ 6,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 612
DCA Training Fee	$ 5

Paid [ ] Check #
Collected by:

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 04/14/99
Date Issued 5/6/99
Control # C15-8
Permit # 99 1418

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 Qual
Work Site Location 51 CHAMBERSBRIDGE RD BRDS,BA
3 SIGNS
Owner in Fee SHL BRICK LLC
Address 525 RIVER RD
EDGEWATER, NJ 07724-
Tele.(732)544-1818
Contractor CENTRAL SIGN & CRANE
Address 1030 DELSEA DR P O BOX 146
WESTVILLE, NJ 08093-
Tele.(609)384-5711 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-2906059

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

Per Zoning Permit

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	5-4-99	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed 0
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 6,000
3. Total (1+2) $ 6,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[X] Sign 612 Sq. Ft.	612
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 612
DCA Training Fee	$ 5

U.C.C. P110 (rev. 3/96)

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5/6/99
Control #
Permit # 99-1418

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

Block 67.2 Lot 8
Work Site Location Bed Bath & Beyond
51 Chamberlain Rd.
Owner in Fee/Occupant SAC Buck LLC
Address 525 River Rd
Buck Twp N.J.
Tele. (732) 574-1818
Contractor JEM Electric
Address 238 Clements Ave.
Blackwood NJ 08012
Tele. (609) 227-3373 Fax (609) 939-1197
Lic. No. 12308
Federal Emp. No. 22-3338114

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 150.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 5 3 99
Approved by: _____

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. 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

[X] Licensed Electrical Contractor [ ] 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	
3	3	KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

U.C.C. F120 (rev 3/96)

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

COUNTER FORM
PLEASE PRINT

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

Site Location: 51 CHAMBERS BR. RD. Date Rec'd.:
Block: 672 Lot: 8 Date Issued:
Owner in Fee: SHL BRICK LLC Control #:
Address: 525 RIVER RD. Permit #:
(732) 544-1818
State: Zip: Phone: ( )
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC.#:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

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

Estimated Cost of Plumbing Work: $
Signature:

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

BUILDING SUBCODE

CONTRACTOR: CENTRAL SIGN & CRANE CO.
ADDRESS: 1030 Delsea Dr. PO Box 146
Westville, NJ 08093
PHONE: (609) 584-5711
LIC.#:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #): 23-2900059

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

(3) WALL SIGNS:

SOUTH ELEV. 9'X36' = 324 ☑
EAST ELEV. 6'X24' = 144 ☑
WEST ELEV. 6'X24' = 144 ☑

ALL SIGNS READING:

"BED BATH & BEYOND"

COMMERCIAL

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☑ Sign: 612 Sq. Ft. TOTAL ALL 3
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

	Present:	Proposed:
USE GROUP		
CONSTR. CLASS		

No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature: Michael Fortunato for Central Sign & Crane Co

Estimated Cost of Building Work: ~~6,000.00~~
New Building (1): $
Alteration (2): $ 6,000.—
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR:
ADDRESS:

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

TECHNICAL DATA (LIST ALL FIXTURES)

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

Estimated Cost of Electrical Work: $
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE SUBCODE

CONTRACTOR:
ADDRESS:

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

TECHNICAL DATA (DESCRIPTION OF WORK)

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

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervsion
Proprietary Supervision

Flammable Liquip Storage Tanks	Capacity:	Fuel:
Combustable Liquid Storage Tanks	Capacity:	Fuel:
L.G.P. Storage Tanks	Capacity:	Fuel:

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

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

TOWNSHIP OF BRICK
ZONING PERMIT

Permit Approved: April 16, 1999 No. 1999-0477

Block 672 Lot 8 Zone: B-3 H.D.

Property Address: Chambers Bridge Rd., Bobs' Plaza

Owner: SHL Brick LLC Phone: 544-1818

Applicant: Michael Listowski Phone: 609-384-5711

Existing Use: Bed, Bath and Beyond Store

Proposed Use: Same

Proposed Construction: Three wall signs:
1.) 36' x 9', 324 square feet, south elevation
2.) 24' x 6', 144 square feet, west elevation
3.) 24' x 6', 144 square feet, east elevation

Conditions: Total sign area may not exceed 15% of total facade area of each elevation.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis 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 P. Kinnevy
Zoning Officer

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

BLOCK 672 LOT 8

PROPERTY ADDRESS RT. 70 & CHAMBERS BRIDGE RD. (BED BATH & BEYOND)

NAME OF OWNER SHL BRICK LLC 525 RIVER RD. OWNER'S PHONE (732) 549-1

NAME OF APPLICANT MICHAEL LISTOWSKI FOR CENTRAL SIGN & CRANE CO.

APPLICANT'S COMPLETE ADDRESS 1030 DELSEA DR. PO BOX 146 WESTVILLE, NJ. 080

APPLICANT'S PHONE NUMBER (609) 384-5711 APPLICANT'S BUSINESS NAME _____

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) RETAIL STORE

☐ Other (please describe) _____

PROPOSED CONSTRUCTION EAST ELEVATION - SIGN - "BED BATH & BEYOND" 1414 ☑

All Dimensions 8" ☒ 1' W 24' L 6 Ht

Deck or Garage ☐ Attached ☐ Detached

Fence Type _____ Ht _____

CHECKLIST:

☐ All information completed above

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

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

☐ If approved by Planning Board or Board of Adjustments, include copy of resolution

Total Copies 3 applications 1 permit Jacket

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

Signature of Applicant Michael Listowski for Central Date 4-1-99

Reviewed by Zoning Officer Date 4-16-99 ☒ Approved ☐ Rejected

COMMERCIAL

1027

CENTRAL DIVERSIFIED INDUSTRIES
T/A CENTRAL SIGN & CRANE
P.O. BOX 146
WESTVILLE, N.J. 08093

55-73/312

DATE 4/30/99

PAY TO THE ORDER OF Township of Brick $ 15 00/100

Fifteen Dollars DOLLARS

CoreStates Bank

FOR Bed Bath + Beyond Rt 70 + Chambersbridge [redacted]

To: Scott M. Pezarras, Chief Financial Officer
From: Carol A. Wolfe, Affordable Housing Administrator
Re: Affordable Housing Fees

Date: May 3, 1999

Business/Development: Bed, Bath + Beyond (3 signs)

Owner/Applicant: Central Diversified Ind. T/A Central Sign + Crane

Property Address: 51 Chambers Bridge Road

Block: 672 Lot: 8

DEPOSIT RECEIVED

Mandatory Development Fee
(Commercial)
~~Residential~~
Inclusionary Development Fee

Check Number 1027

Estimated Fee $ 30—

Deposit Amount $ 15—

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number _____

Final Fee $ _____

Less Deposit $ _____

Final Payment $ _____

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

Collection of said fees as authorized by Township Ordinance 354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received In Treasurer's Office by:

Signature

5-3-99
Date

AHBT PRELIMINARY APPROVAL

Central Sign & Crane

- Installation Fabrication Service & Maintenance
- Cranes 40' to 150'
- Dump Truck & Backhoe Service
- Bucket Trucks
- Channel Letter Fabrication
- Custom Cabinets
- Complete Neon Shop
- Graphic Design
- High Rise Rappelling
- Emergency Service Available 24 Hours
- 15,000 sq. ft. Fabrication Shop
- Complete Permit & Survey Department
- Maintenance Contracts Available

(1) Page Total

TO: ALLISON, BUILDING DEPT.
TOWNSHIP OF BRICK
(F) 732-262-8954

FROM: PATTI FRITZ
(P) 609-384-5711
(F) 609-384-8355

RE: BED, BATH & BEYOND PERMIT APPLICATION

DATE: 4/14/99

ALLISON –

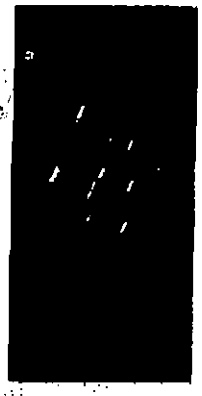
FRONT ELEVATION (4'6" H LETTERS) = 2.5 KILOWATTS

SIDE ELEVATION (2'6" H LETTERS) = 1.9 KILOWATTS

CAN YOU PLEASE CALL ME TO GIVE AN IDEA OF HOW LONG PROCESSING OF PERMITS WILL TAKE. CUSTOMER'S KIND OF ANXIOUS. THANKS – I APPRECIATE IT.

RECEIVED
APR 14 1999
DIV. C[illegible]ION

P.O. Box 146 • 1030 Delsea Drive, Building 3 • Westville, NJ 08093
800-289-9972 • 609-384-5711 • fax 609-384-8355



Central Sign & Crane

- Installation Fabrication Service & Maintenance
- Cranes 40' to 150'
- Dump Truck & Backhoe Service
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- Custom Cabinets
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- Graphic Design
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- Emergency Service Available 24 Hours
- 15,000 sq. ft. Fabrication Shop
- Complete Permit & Survey Department
- Maintenance Contracts Available

(4) Pages Total

TO: ALLISON
TWP. OF BRICK
(F) 732-262-1026

FROM: PATTI FRITZ
(P) 609-384-5711
(P) 609-384-8355

RE: BED, BATH & BEYOND

DATE: 4/12/99

AS YOU REQUESTED, ENCLOSED PLEASE FIND ELECTRICAL REQUIREMENTS AND SPECIFICATIONS FOR CHANNEL LETTER SETS AT THE ABOVE-REFERENCED LOCATION.

IF YOU HAVE ANY QUESTIONS, OR REQUIRE ADDITIONAL INFORMATION, PLEASE CONTACT ME.

THANKS FOR YOUR ASSISTANCE.

RECEIVED
APR
DIV. C[illegible]ION

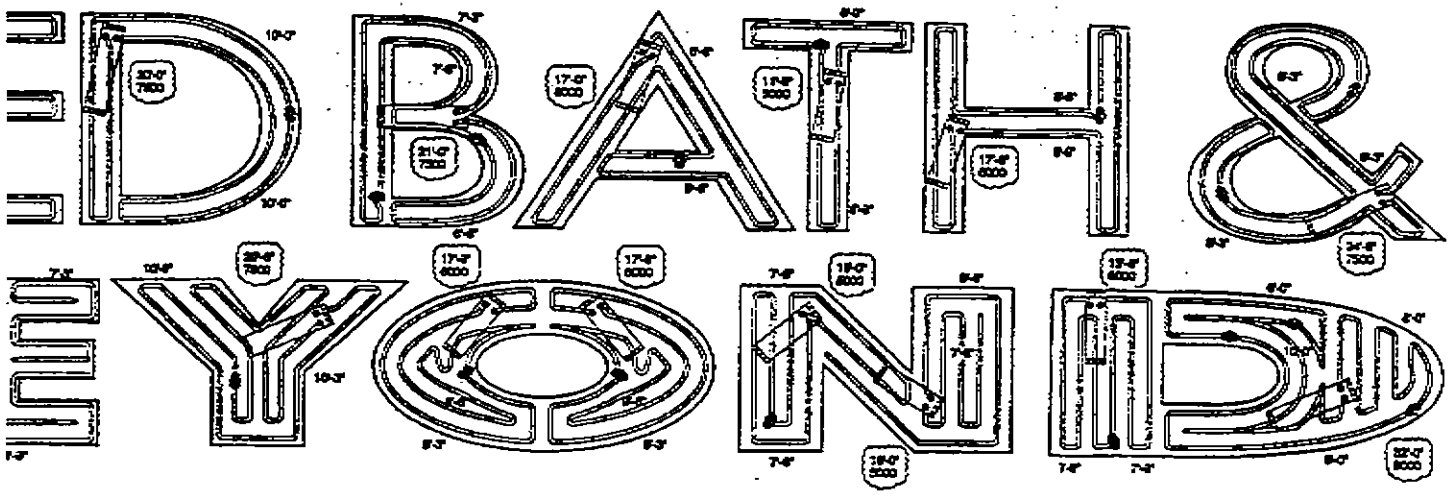
RECEIVED
APR 1 [illegible] 1999
DIV. C[illegible]ION

P.O. Box 146 • 1030 Delsea Drive, Building 3 • Westville, NJ 08093
800-289-9972 • 609-384-5711 • fax 609-384-8355

D BATH &
YOND

121 SQ. FT.

EVATION



RETAINERS PAINTED TO MATC
RETURN COLOR, FOR LTRS LARGI
THAN 42" USE 1/2" x 1" ALUM
OTHERS USE 1" JEWELITE TRIMCA

3/8" THREADED RC
(4 per lette
THRU STUD WALL \
ANGLE STRINGI

3/16" COLORED PLE
FACE (See Color Spec

.090 ALUM. BAC
GLOSS WHITE INTERIC

15mm NEON ON 3" CENTEF
(See Color Spec
TO 120 Volt SELF-CONTAINE
**TRANSFORME

ELECTRICAL BOX WIT
TC-211 EMT .5(
TYPE CONNECTC
W/ 6" WHI

EXTENDED TUBE SUPPOR

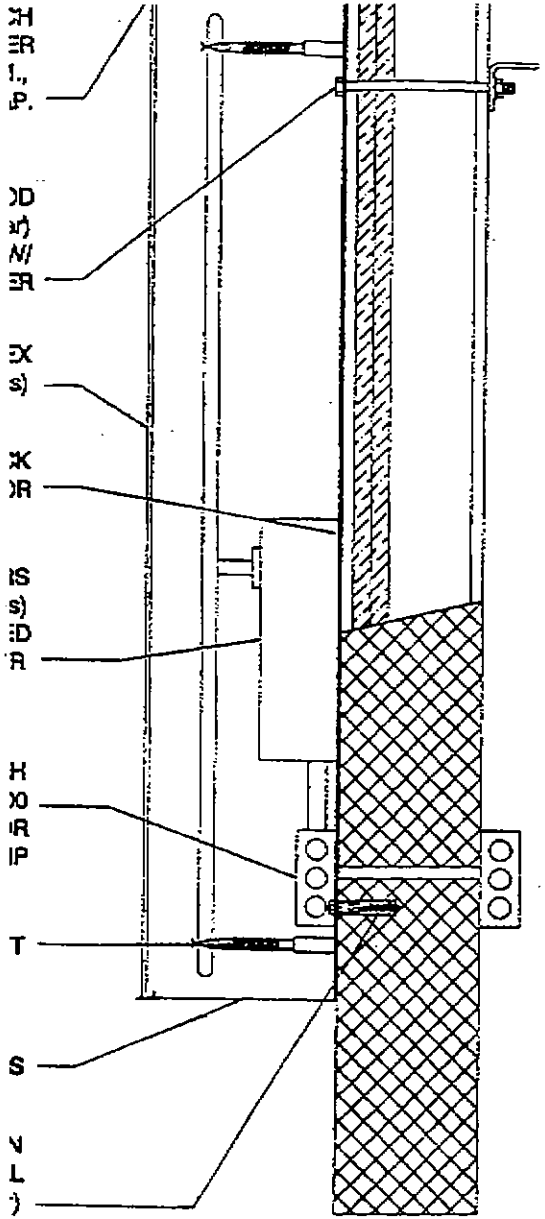
1/4" WEEPHOLE

3/8" BOLT W/ EXPANSIOI
ANCHOR FOR SOLID WAL
APPLICATIONS (4 per lette

C
1 of 1
TYPIC
SCALE

NS	ELECTRICAL SPECIFICATIONS		GENERAL NOTES
	○ 30mA NEON: 15mm ● RED ○ WHITE **TRANSFORMERS:** (04) 5000 @ 1.4 AMPS EACH (04) 6000 @ 1.6 AMPS EACH (07) 7500 @ 2.0 AMPS EACH (02) 9000 @ 2.4 AMPS EACH **VOLTAGE:** 120 **AMPS:** 30.8 **CIRCUITS:** (2) 20 AMP	○ 60mA NEON: 15mm WHITE **TRANSFORMERS:** (04) 5000 @ 2.7 AMPS EACH (04) 6000 @ 3.2 AMPS EACH (07) 7500 @ 4.0 AMPS EACH (02) 9000 @ 4.8 AMPS EACH **VOLTAGE:** 120 **AMPS:** 61.2 **CIRCUITS:** (4) 20 AMP	• MINIMUM OF 8 SHEET METAL SCREWS ARE TO BE USED FOR SECURING THE TRIM AND FACE TO THE SIGN BODY. THE MAXIMUM SPACING SHALL NOT EXCEED 18" AND NO FEWER THAN FOUR SCREWS ARE TO BE USED PER FACE. • SHELLAC IS TO BE APPLIED TO EACH COPPER WIRE TIE TO PREVENT LOOSENING OF THE WIRE TIE. • ALL SIGNAGE TO HAVE INDIVIDUAL DISCONNECT SWITCHES AS REQD. • ALL SIGNAGE WILL BE U.L. APPROVED AND CARRY APPROVAL LABELS. ** EQUIPMENT GROUND REQUIRED

JOB# 224



CAL LETTER SECTION
: 1 1/2" = 1'-0"

ELECTRICAL TO BE U.L. APPROVED
ND SHALL MEET N.E.C. STANDARDS
UL Underwriters Laboratories Inc.
ELECTRIC SIGN

LOR STACKED LAYOUT

TOWNSHIP OF BRICK

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

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

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 4-21-99

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 672 LOT 8 SITE ADDRESS 51 Chambers Bridge Rd 3 Signs

TYPE OF SITE Commercial TYPE OF BUSINESS Bed Bath & Beyond
(Residential/Commercial)

APPLICANT Central Sign Assoc CITY & STATE Westville, NJ

☒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ ~~X~~ 42 3,000 ea

Frederick R. Millman, CTA, Tax Assessor

4-23-99 4-27-99

Date

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

$ _____

Frederick R. Millman, CTA, Tax Assessor

Date

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

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 672 LOT 8 SITE ADDRESS 51 Chambers St Apt 2R
TYPE OF SITE Residential /(Commercial) TYPE OF BUSINESS 3 Signs
Patty
APPLICANT Central Sign Crane PHONE NUMBER 609-354-5711
APPLICANT ADDRESS West 11th NJ PO Box CITY & STATE 1030 Delsea Dr. Bldg 3
PERMIT # NAME OF BUSINESS Pub. Safety Equipment

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 $ 3000.00 Date 4 27 79

Estimated Required Fee $ 30.00

Required Deposit on Estimate $ 15.00 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.

_____

Carol A. Wolfe
Affordable Housing Administrator

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

TOWNSHIP OF BRICK

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

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048
FAX (732) 262-8954 or (732) 920-1456
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

April 27, 1999

Central Sign & Crane
1030 Dalsea Drive, Bldg. 3
P.O. Box 146
Westville, NJ 08093

RE: Mandatory Development Fee
Block 672, Lot 8~ 3 Signs @ 51 Chambers Bridge Road (Bath, Bath & Beyond)

To Whom It May Concern:

The Township of Brick has enacted Ordinance 354-2C-93 in conjunction with our Fair Share Plan, which was certified by the New Jersey Council on Affordable Housing on February 3, 1993.

This Ordinance requires that commercial development applicants pay a fee in the amount ofone percent of the assessed value per project. The municipal Tax Assessor has estimated the value of the work to be completed under the construction permit application received on April 1, 1999, for the above block and lot at $3,000.00, resulting in an estimated fee of $30.00.

Therefore, you are required to submit one half of the estimated fee ($15.00) in the form of a check made payable to the Township of Brick for deposit into the Affordable Housing Trust Fund. Upon your request for a final Certificate of Occupancy/Approval, your permit application will again be processed. If the assessed value is adjusted at that time, the balance due on your account will be adjusted accordingly. All remaining fees will be collected prior to issuance of the Certificate of Occupancy.

May I suggest that you contact this office approximately two weeks prior to your request for a C.O. so as to allow adequate time for the Assessor to conduct a final evaluation of the site.

If you have any questions, please contact me.

Sincerely,

Carol A. Wolfe

Carol A. Wolfe
Affordable Housing Administrator

CAW/da

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Administration & Finance

Division of Inspections
Joseph Curiazza
Construction Official
(732) 262-1030
Fax (732) 262-8954
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

COMMERCIAL

Date: 4-1-99

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

RE: Block: 672 Lot: 8

I, MICHAEL HISTOWSKI (name) of CENTRAL SIGN & CRANE CO 1030 Dalsea Dr. PO BOX 146 Westville, NJ 08093 (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,

Michael Histowski for Central Sign & Crane Co.
applicant's signature

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

Approved X Date: 4/20/99 By: [signature]

Rejected Date: _____ By: _____

Remarks: Per Site Plan