BLOCK 6971 LOT 1.01 QUALIFICATION CODE _____ ADDRESS (SITE) 506 Chambers Bridge Rd PERMIT NO 18-0670

CONSTRUCTION PERMIT APPLICATION C18-000650

"HOME GOODS"

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

I. IDENTIFICATION

1 Proposed Work Site at BRICK PLAZA ~~100 CEDAR BRIDGE AVE, BRICK~~ 506 CHAMBERS BRIDGE

2 Name of Owner in Fee JANE MILLER - FEDERAL REALTY

Tel (484) 419 1221 e-mail _____

Address 150E GWYNNEWOOD RD, SUITE 200, GWYNNEWOOD PA
street municipality zip code

3 Ownership in Fee Public _____ Private X

4 Principal Contractor CAD SIGNS Tel (201) 267 0457

Address 169 LODI STREET e-mail permits@cadsigns.net

HACKENSACK NJ 07601

License No OR, if new home, Builder Reg No _____ Exp Date _____

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

Federal Emp ID No 27-01865720 FAX ( ) _____

5 Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel ( ) _____ FAX ( ) _____

6 Responsible Person in Charge once Work has Begun RONALD FRANCO

Tel (201) 267 0457 FAX ( ) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1	Building	$ 200		
2	Electrical	160		
3	Plumbing			
4	Fire Protection			
5	Elevator Devices			
6	Subtotal			
7	Less 20% for State Plan Review	$		
8	Subtotal	$		
9	State Permit Surcharge Fee	4		
10	Subtotal	364		
11	Cert of Occupancy			
12	Other			
13	TOTAL	$ 435		

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	Max Live Load	
7	Max Occupancy Load	
8	If Industrialized Building State Approved ____ HUD ____	
9	Total Land Area Disturbed	sq ft
10	Flood Hazard Zone	
11	Base Flood Elevation	ft
12	Wetlands yes ____ no ____	

COMMERCIAL

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition

☐ Repair SIGN ☐ Alteration ☐ Renovation ☐ Reconstruction

☐ Asbestos Abat -Subch 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	5400	Mail			03/05/18	KEE			
☒ Electrical	200	FJ			3/6/18	DJC			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Eng	Exempt		3/1/18	EGO			
TOTAL COST	5600								

VII. DESCRIPTION OF BUILDING USE

A RESIDENTIAL *(primary use)*

1 State Specific Use _____

2 Use Group, Proposed _____

3 Change in Use Group, Indicate Present

4 No of dwelling units *Total Units* *Income-restricted*

Gained, Sale ____ ____

Gained, Rental ____ ____

Lost, Sale ____ ____

Lost, Rental ____ ____

B NON-RESIDENTIAL *(primary use)*

1 State Specific Use _____

2 Use Group, Proposed _____

3 Change in Use Group, Indicate Present

C MIXED USE -List secondary use(s) _____

D Construct Classification Present _____

Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT

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/Standpipes
8 ☐ Smoke Control Systems in Open Wells
9 ☐ Underground Storage Tanks
10 ☐ Swimming Pools, Spas and Hot Tubs
11 ☐ LPGas Tanks
12 ☐ Fire Alarm

RECEIVED FEB 20 2018

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(f)1.ix

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

(X) Check if contractor.

Agent Name CAD SIGNS - RONALD FRANCO

Address 169 LODI STREET

HACKENSACK NJ 07601

Telephone (201) 267 0457 X219

Signature

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N J A C. 5.17.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 6/29/2018
Control Number C-18-000650
Permit Number 18-0670
Permit Issue Date 3/14/2018
Certificate Number 18-0670

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ Block: 671 Lot: 1.01 Qual:

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE MD 20852

Telephone: (484) 419-1221

Contractor CAD SIGNS LLC

Address 169 Lodi Street Hackensack NJ 07601

Telephone: (201) 267-0457 Fax: (201) 267-0457

License Number or Builders Registration Number: Federal Emp. Number: 20-3258128

Home Warranty Number.

Type of Warranty Plan: ☐ State ☐ Private

Use Group. M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SIGN INSTALLATION - - HOME GOODS ...INSTALL 2 ILLUMINATED FACADE SIGNS

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:

HomeGoods
ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/14/18
Control # 2670
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 671 Lot 1.01 Qualification Code
Work Site Location Brick Plaza ~~Lot Cedar Bridge~~ Ave Brick, NJ
56 Chambers Bridge
Owner in Fee: Jane Miller - Federal Realty
Tel (484) 419-1221 e-mail
Address 150 E Wynnewood Rd Suite 200 Wynnewood, PA
street municipality zip code
Contractor Pernice Electric Tel (201) 843-6577
Address 43 River St e-mail
Lodi NJ 07644
Contractor License No. 8567 Exp. Date 3/31/18
Home Improvement Contractor Registration No or Exemption Reason (if applicable).
Federal Emp ID No 22-2678684 FAX ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co
Est Cost of Elec Work $ 200

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent) owner of record and am authorized to make this application and perform the work listed on this application.
Applicant sign/Contractor sign and seal here:
Print name here
[ ] Licensed Elec Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Hook up only

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	
2	115	KW Elec Sign/Outline Light	

COMMERCIAL

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date Approved by
[✓] Electric Plans Approved
Date 3/16/18 Approved by PJC
Joint Plan Review Required
[ ] Bldg [ ] Plumb [ ] Fire [ ] Elev
SUBCODE APPROVAL for PERMIT
Date 3/16/18
Approved by PJC
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date 6/19/18
Approved by:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv				
TCO				
Other				
Service				
Final			6-18-18	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

UCC F120 (rev 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

NEW JERSEY UNIFORM CONSTRUCTION CODE

HOMEGOODS
BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 3/14/18

Date Issued Permit # 18-0670

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

Block 6711 Lot 1.01 Qualification Code

Work Site Location ~~165 CEDAR BRIDGE AVE~~ BRICK PLAZA BRICK NJ
56 Chambers Bridge "HOME GOODS"

Owner in Fee JANE MILLER - FEDERAL REALTY

Tel. (484) 419 1221 e-mail

Address 50 E WYNNEWOOD RD, SUITE 200, WYNNEWOOD PA
street municipality zip code

Contractor CAD SIGNS Tel (201) 2670457

Address 169 LODI STREET e-mail Permits@cadsigns.net
HACKENSACK NJ 07601

Contractor License No or Builder Registration No Exp Date

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

Federal Emp ID No 270186320 FAX ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[√] All	03/07/18	TEW
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date 03/07/18
Approved by TEW

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [√] CA
Date 06/18/18
Approved by TEW

INSPECTIONS Type	Failure	Dates (Month/Day) 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			6-12-18	✓
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
No of Stones
Height of Structure ____ ft
Area — Largest Floor ____ sq ft
New Bldg Area/All Floors ____ sq ft
Volume of New Structure ____ cu ft
Max Live Load
Max Occupancy Load

Constr. Class Present ____ Proposed ____
If Industrialized Building
State Approved ____ HUD ____

Est. Cost of Bldg. Work:
1. New Bldg $
2 Rehabilitation $
3 Total (1+ 2) $ 5400.

UCC F110
(rev 12/07)

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 SET OF ILLUMINATED CHANNEL LETTERS
5'-0" x 32'-4 1/4" = 161.8 SQFT

*INTALL A DF ILLUMINATED UNDERCANOPY SIGN
1'-0" x 2'-6" = 2.5 SQFT

*REFACE 4 EXISTING PYLONS (2 FACES EACH PYLON)
119 1/2" x 16 1/2" = 13.7 (EACH) SQFT
109.6 (8 FACES) TOTAL

TYPE OF WORK COMMERCIAL

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence ____ Height (exceeds 6')
- [X] Sign 273.9 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 $

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

OFFICE USE ONLY

ZONING REVIEW:

DATE REVIEWED: 2/27/18 DATE DENIED: — DATE APPROVED: 2/27/18 INTLS: JCZ

DATE:	COMMENTS:	INITIALS:
2/27/18	SENT TO Comm	JCZ

CONSTRUCTION PERMIT

Date Issued 3/14/18
Control # C-18-000650
Permit # 18-0670

IDENTIFICATION Block 671 Lot 1.01 Qualifier
Work Site Location 56 CHAMBERS BRIDGE RD. Brick Township, NJ
Contractor CAD SIGNS LLC
Address 169 Lodi Street Hackensack NJ 07601
Owner in Fee FEDERAL REALTY INVESTMENT TRUST
1626 EAST JEFFERSON ST ROCKVILLE MD 20852
Telephone (201) 267-0457
Lic No or Bldrs Reg No
Telephone (484) 419-1221
Federal Employee No 20-3258128

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK
SIGN INSTALLATION - HOME GOODS...INSTALL 2 ILLUMINATED FACADE SIGNS

PAYMENTS (Office Use Only)

Building	$200
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$10
CO Fee	
Other	$0
Total	$360
Check No	8787
Cash	$0
Credit	$0
Collected By	CW

+75
435

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 $5,600

D. Kuzmanoff, JHP — Construction Official
3/7/18 — Date

U C C F170
equiv (rev 1/04)

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

RECEIVING CLERK: _____
DATE REC'D: _____

ZONING PERMIT APPLICATION

PERMIT # ZP-18-00233
DATE ISSUED 3/14/18

BLOCK: 1701 LOT: 1.01 QUALIFIER: _____ SITE ADDRESS: 36 CHANCERSBRIDGE RD

IDENTIFICATION: "HOME GOODS"

1. NAME OF OWNER IN FEE: JANE HILLER FEDERAL REALTY
COMPLETE ADDRESS: 505 E GWYNNEWOOD RD Suite 200
GWYNNEDD, PA 19096
PHONE # 484 419 1221 EMAIL: JFmiller@federalreal.com

2. NAME OF APPLICANT: CAD SIGNS
APPLICANT ADDRESS: 169 LODI STREET
HACKENSACK NJ 07601
PHONE # 201 267 0457 EMAIL: permits@cadsigns.net

3. RESPONSIBLE PERSON FOR WORK: RONALD FRANCO
PHONE# 201 267 0457 x219 FAX# _____

4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:
APPLICATION FEE: $ 75
OTHER: $ _____
TOTAL: $ 75

REQUIRED BY APPLICANT

RESIDENTIAL: —
COMMERCIAL: ✓
EXISTING USE: Retail "HP"
PROPOSED USE: Retail "Homegoods"

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: _____ *ADDITION X *ALTERATION _____ *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____

HEIGHT: _____ (*APPLICABLE)

OTHER SIGNS (1 SET OF CHANNEL LETTERS - 1 under canopy of BLADE SIGN AND REFACE EXISTING PYLON (4))

DESCRIPTION: INSTALLATION OF NEW SIGNS FOR "HOME GOODS"

ZONING REVIEW:
DATE REVIEWED: 2-20-18 DATE DENIED: _____ DATE APPROVED: 2-20-18 INTLS: [signature] (SEE BACK PAGE)

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued: 3/14/18
Application Number ZA-18-00182
Application Date. 2/27/2018
Project Number
Permit Number. ZP-18-00233
Fee: $75.00

Zoning Permit

Worksite **56 CHAMBERS BRIDGE RD.**
Location **Brick Township, NJ 08723**

Owner **FEDERAL REALTY INVESTMENT TRUST**
Address. **1626 EAST JEFFERSON ST**
ROCKVILLE, MD 20852

Applicant **CAD SIGNS LLC**
Address **169 Lodi Street**
Hackensack, NJ 07601

Block. **671** Lot **1.01** Qualifier _____ Zone **B-3**

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Present Use **Retail Store**

☐ Non Conforming Use ☐ Non Conforming Structure
Proposed Use **Retail Store (HomeGoods)**

Work Description
Sign - Installation of new signs for "HomeGoods"

One illuminated channel letter sign attched to the front facade. (161 sq. ft.)

One illuminated undercanopy sign. (2.5 sq. ft.)

Eight plastic face signs inserted into four existing pylon signs.

Additional Zoning Permit is required for additional work and signage.

Application Approved Date. 2/27/2018

Upon review it was determined that the Zoning Permit

☑ Permitted by Ordinance
☐ Permitted by Variance approved on _____
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Christopher J Romano, Assistant Zoning Officer — 2/27/2018 Date

Sean Kinnevy, Zoning Officer — 2/27/18 **Date**

ENGINEERING PERMIT APPLICATION

BLOCK: 1071 LOT: 101 ADDRESS: _____

RECEIVING CLERK: _____

PERMIT #: _____

IDENTIFICATION:

1. WORK SITE ADDRESS: 56 CHAMBERSBRIDGE RD "HOME GOODS"
2. NAME OF OWNER IN FEE: JANS MILLER FEDERAL REALTY
   ADDRESS: 556 WILLOWBROOK RD PHONE #: (484) 419 1221
   WYNNEWOOD PA 19096 FAX #: ( ) _____
3. PRINCIPAL CONTRACTOR: CAD SIGNS - RONALD FRANCO
   ADDRESS: 169 LODI STREET PHONE #: (201) 267 0167 x219
   HACKENSACK NJ 07601 FAX #: ( ) _____
4. ARCHITECT OR ENGINEER: _____
   ADDRESS: _____ PHONE: # ( ) _____
5. RESPONSIBLE PERSON FOR WORK: RONALD FRANCO
   ADDRESS: 169 LODI STREET, HACKENSACK, NJ
   PHONE #: (201) 267 0167 FAX #: ( ) _____ E-MAIL: permits@cadsigns.com

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING
☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL
☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL
☒ OTHER SIGNS

LENGTH: 8' - 0" WIDTH: 32' - 2 1/4" HEIGHT: _____

FEE SUMMARY:

APPLICATION FEE: $ _____
REVIEW FEE: $ _____
INSPECTION FEE: $ _____
OTHER _____ : $ _____
BOND(S): $ _____
TOTAL: $ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____
DRAINAGE EASEMENTS: _____
UTILITY EASEMENTS: _____
CONSERVATION EASEMENTS: _____
FEMA REQUIREMENTS: _____
D.E.P. PERMITS: _____
BOARD APPROVAL: ☐ PB ☐ ZB
APPLICATION NUMBER: _____
APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____