BLOCK 671 LOT 1.01 4 QUALIFICATION CODE _____ ADDRESS (SITE) 56 Chambers Bridge Rd. PERMIT NO. 17-0321

CONSTRUCTION PERMIT APPLICATION

CM-000167

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

I. IDENTIFICATION

1. Proposed Work Site at: 56 ~~59~~ CHAMBERS Bridge Rd. Space 89 Brick NJ 08723
2. Name of Owner in Fee: Federal Realty Investment Trust
   Tel. (484) 419 1221 e-mail JSmillie@FederalRealty.com
   Address 50 E Wynnewood Rd. Ste 200 (street) Wynnewood (municipality) PA (zip code) 19096
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Sign Pros Tel. (856) 939 1099
   Address 1215 Black Horse Pk e-mail Kirk@SignProsNJ.com
   Glendora NJ 08029
   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. 223318256 FAX: (856) 9392099
5. Architect or Engineer Muldoon Engineering Contact Jere Muldoon
   Address 2 Humming Bird Ct. Howell NJ e-mail _____
   Tel. (973) 570 8215 FAX: (_____) _____
6. Responsible Person in Charge once Work has Begun Kirk Ryan
   Tel. (856) 939 1099 FAX: (_____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 200✓		
2. Electrical	150✓		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	6✓		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

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
- ☐ Repair
- ☐ Asbestos Abat. Subch. 8
- ☐ New Building
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☐ Renovation
- ☐ Radon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ Annual Permit

DSW

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	2800.00				01/30/17	KRK			
☑ Electrical	300.00				1-20-17	MM			
☐ Plumbing									
☐ Fire Protection									
☑ Elevator		PSOG	Exempt		1/18/17	ECC			
TOTAL COST	3100.00								

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

1/18/17 - SENT TO Cmm - MSR

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.

(✓ Check if contractor.

Agent Name Rick Ryan (Sign Pros)

Address 1215 Black Horse Pike
Glendora NJ 08029

Telephone 856 939 1094

Signature _____

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

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

U.C.C. F100-2 (rev. 9/2014)

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			X		X				
☐ Planning Board			X		X				
☐ Zoning Board			X		X				
☐ Sewer Authority					X				
☐ Water Authority					X				
☐ Police Department			X		X				
☐ Health Department					X				
☐ Soil Conservation					X				
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.	X	X	X	X	X	X			
☐									
☐									

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

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

U.C.C. F100-3 (rev. 12/07)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 3/10/2017
Control Number C-17-000167
Permit Number 17-0321
Permit Issue Date 2/6/2017
Certificate Number 17-0321

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 SIGN PROS

Address 1215 BLACK HORSE PIKE GLENDORA NJ 08029

Telephone: (856) 939-1099 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

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 - DSW SHOES ...FACADE SIGN

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:

Date Printed: 3/10/2017

U.C.C. F260 (rev. 08/05)

RECEIVING CLERK _____
DATE REC'D MAY 1/31/17

ZONING PERMIT APPLICATION

PERMIT # ZP-17-00044
DATE ISSUED 2/6/17

BLOCK: 671 LOT: ~~1~~ 1.01 QUALIFIER: — SITE ADDRESS: ~~1~~ 56 Chambers Bridge Rd Space 29

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Federal Realty Investment Trust
   COMPLETE ADDRESS: 50 E Wynnewood Rd Ste 200
   Wynnewood Pa 19096
   PHONE # 484 419 1221 EMAIL: _____

2. NAME OF APPLICANT: Sign Pros
   APPLICANT ADDRESS: 1215 Black Horse Pk
   Glendora NJ 08029
   PHONE # 856 939 1099 EMAIL: Kirk@SignProsNJ.com

3. RESPONSIBLE PERSON FOR WORK: Kirk Ryan
   PHONE# 856 939-1099 FAX# 856 939 2099

4. SIGNATURE OF APPLICANT: _____

FOR OFFICE USE ONLY

FEE SUMMARY:

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

REQUIRED BY APPLICANT

RESIDENTIAL: —
COMMERCIAL: ✓
EXISTING USE: A&P (Grocery store)
PROPOSED USE DSW Shoes

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

COMMERCIAL

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

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

HEIGHT: _____ (*APPLICABLE)

OTHER Channel Letter Sign For DSW Shoes

DESCRIPTION: Sign

ZONING REVIEW:
DATE REVIEWED: 1-18-17 DATE DENIED: _____ DATE APPROVED: 1-18-17 INTLS: _____

(SEE BACK PAGE)

245 Attachment 5

Township of Brick

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS
Township of Brick
Ocean County, New Jersey

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2-AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No. 354-2TTTT-88; 9-27-1988 by Ord. No. 354-2XXXX-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

Zone	Minimum Lot Size						Minimum Required Yard Depth						Maximum Lot Coverage by Building	Maximum Building Height				Minimum Floor/ Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage
	Interior Lots			Corner Lots			Principal Building				Accessory Building								
	Area (square feet)	Width (feet)	Depth (feet)	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Both Sides Combined (feet)	Rear Yard (feet)	Side Yard (feet)	Rear Yard[3] (feet)		Stories	Eaves (feet)	Feet	Ridge (feet)		
R-R	40,000	150	150	40,000	150	150	50	25		50	25	25	25%	–	25			–	
RR-2	See § 245-90.																		
RR-3	See § 245-103.																		
R-20	20,000	100	125	25,000	100	125	40	15	–	40	10	10	25%	–	25	35	38.5	–	
R-15	15,000	100	115	17,250	100	115	35	12	–	35	10	10	25%	–	25	35	38.5	–	
R-10	10,000	90	100	10,500	100	100	30	6	20	20	5	5	30%	–	25	35	38.5	–	
R-7.5	7,500	75	90	9,000	75	90	25	6	15	15	5	5	30%	–	25	35	38.5	–	
R-5	5,000	50	75	6,000	50	75	20	5	12	15	5	5	35%	–	25	35	38.5	–	
O-P	15,000	100	150	15,000	100	150	50	10	–	50	20	50	35%[2]	2	–	35	38.5	1,500	70%
B-1	10,000	100	90	12,500	100	125	30	10	–	20	10	20	30%[2]	2	–	35	38.5	1,000	60%
B-2	20,000	125	125	20,000	125	125	50	10	–	50	10	50	30%[2]	2	–	35	38.5	2,000	65%
B-3	2 acres	200	200	2 acres	200	200	75	30	–	50	20	50	25%[2]	–	–	35	38.5	2,000	65%
B-4	5 acres	300	300	–	–	–	100	50(150[1])	–	100(150[1])	20	50	25%	3	–	35	38.5	30,000	70%
M-1	5 acres	300	300	5 acres	300	300	100	50	–	150	75	150	30%[2]	–	–	35	38.5	5,000	65%
R-M	25 acres	350	200	–	–	–	50	50	–	30	30	30	20%	–	25	35	38.5	–	65%
O-P-T	40,000	150	150	40,000	150	150	50	20	–	50	20	50	25%[2]	2	–	35	38.5	2,000	50%
H-S	See § 245-261.													–	–	–	–		70%

NOTES:

1. If adjacent to residential zone or use.
2. The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.
3. For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.

TOWNSHIP OF BRICK ZONING CHECKLIST

1) **Four (4) copies of plot plan containing:**

- All existing and proposed structures
- All dimensions of the lot and structures
- All setbacks from the structures to the property lines
- All adjacent streets and waterways

- If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date tha subdivision map was filed with the Ocean County Clerk, along wi file map and number.

2) **Two copies of the plans with dimensions and heights noted:**

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

Choose which is applicable for submission

3) **Plot plans and building plans must match for complete review**

NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CA

01/2010

S CAN BE ACCEPTED

OFFICE USE ONLY

RECEIVED
JAN 18 2017
ZONING [initials]

ZONING REVIEW:

DATE REVIEWED: 1/18/17 DATE DENIED: — DATE APPROVED: 1/18/17 INTLS: [initials]

DATE:	COMMENTS:	INITIALS:
1/18/17	SENT TO OMM	[initials]

ZONING PERMIT APPLICATION

RECEIVING CLERK ______ DATE REC'D ______

PERMIT # ______ DATE ISSUED ______

BLOCK: ______ LOT: ______ QUALIFIER: ______ SITE ADDRESS: ______

IDENTIFICATION:

1. NAME OF OWNER IN FEE: ______
COMPLETE ADDRESS: ______
PHONE # ______ EMAIL: ______

2. NAME OF APPLICANT: ______
APPLICANT ADDRESS: ______
PHONE # ______ EMAIL: ______

3. RESPONSIBLE PERSON FOR WORK: ______
PHONE# ______ FAX# ______

4. SIGNATURE OF APPLICANT: ______

FOR OFFICE USE ONLY

FEE SUMMARY:
APPLICATION FEE: $ ______
OTHER: $ ______
TOTAL: $ ______

REQUIRED BY APPLICANT

RESIDENTIAL: ______
COMMERCIAL: ______
EXISTING USE: ______
PROPOSED USE: ______
BOARD APPROVAL: ______ PB ______ ZB
RESOLUTION#: ______
APPROVAL DATE: ______

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: ______ *ADDITION ______ *ALTERATION ______ *PORCH ______ *DECK ______

POOL: ABOVE GROUND ______ IN GROUND ______ FENCE: HEIGHT ______ TYPE ______ MATERIAL ______

HEIGHT: ______ (*IF APPLICABLE)

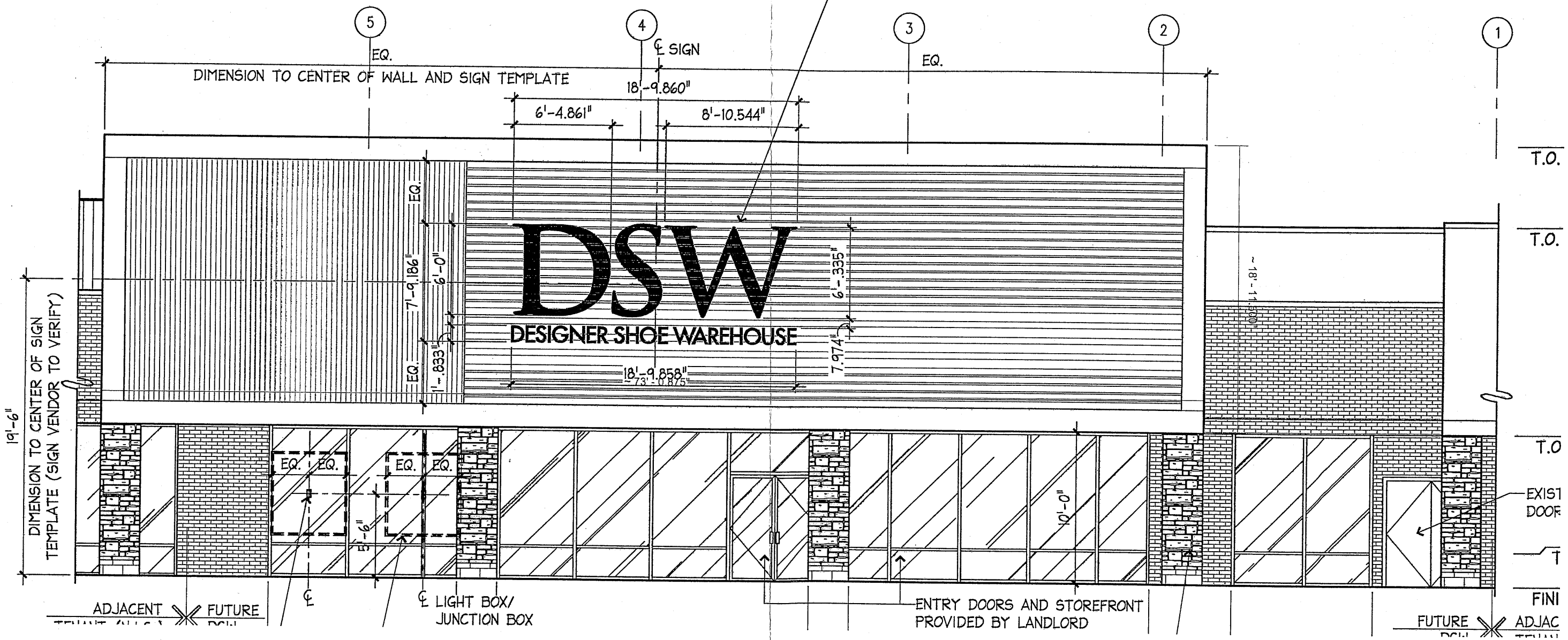
OTHER ______

DESCRIPTION: ______

ZONING REVIEW:
DATE REVIEWED: ______ DATE DENIED: ______ DATE APPROVED: ______ INTLS: ______ (SEE BACK PAGE)

ELEVATION & PLAN VIEW - STOREFRONT

Zoning Review
Approval
By: aw Sign
Date: 1-18-17



SignPros
DESIGN • BUILD • INSTALL • SERVICE
1215 BLACK HORSE PIKE, GLENDORA, NJ 08029
856-939-1099 • FAX 939-2099
www.signprosnj.com

Customer: DSW Shoes		**Folder Name:** \\SIGNS\Design in Progress\Sign Innovations\DSW Shoes	
Contact:		**File Name:** Channel Letters.fs	
Address: 72 Chambers Bridge Rd • Space 29		**Designed By:** Nicole Miller	
City: Brick	**State/ZIP:** NJ 08723	**Date:** 1/11/2017	
Phone: 724.452.8699 x 204	**Fax:**	**Salesperson:** Kirk Ryan	
Customer Email: kristi@signinnovations.com		**Comments:**	

Approved By:

X_____

Date Signed:_____

This Sign Is To Be Installed In Accordance With The Requirements Of Article 600 Of The National Electrical Code And/Or Other Applicable Local Codes. This Includes Proper Grounding And Bonding Of The Sign

SIGN DETAILS - STOREFRONT

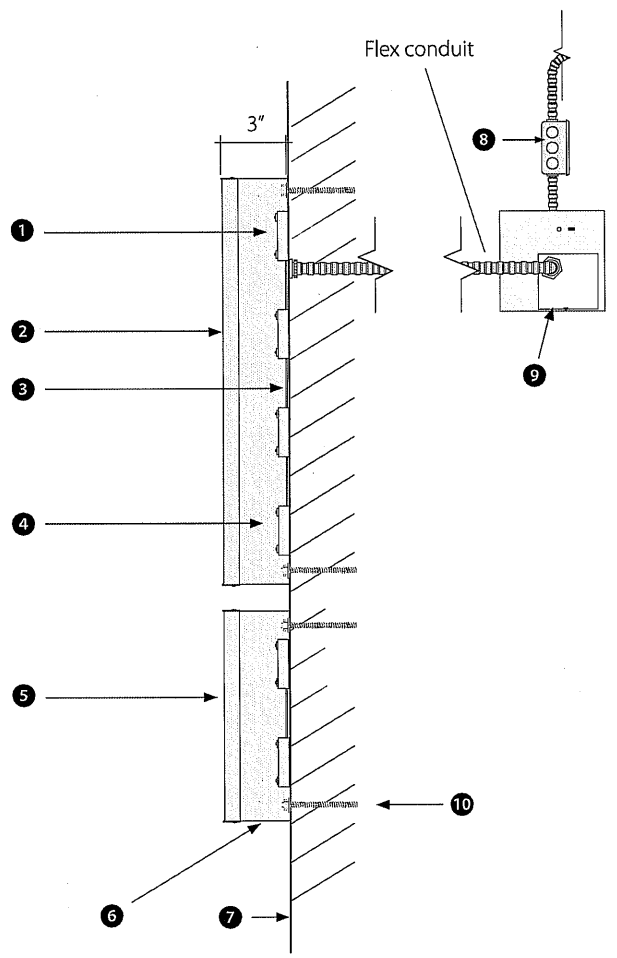
"TOS = 25' From Grade or Less"

Designed per IBC - 2015 NJ Edition
Snow Loads:
Ground Snow Load.....Pg-20 psf
Snow Exposure Factor...Ce=1.0
Snow Load Importance..Is=1.1
Thermal Factor.....Ct=1.0

Wind Loads:
Ultimate Design Wind Speed.....122 mph
Nominal Design Wind Speed.....95 mph
Risk Category..... II
(3-sec peak gust MPH*)
Wind Importance Factor...I = 1
Wind Exposure.....C
Gust Factor.....0.85

Exterior Components designed in accordance with applicable provisions of the ASCE 7-10

WHITE FACE-LIT CHANNEL LETTER



Sign to be grounded and bonded in accordance with article 600 NEC

*Section view, through sign NTS (not to scale)

Sq Ft. = 146.15

FASTENER SCHEDULE			WALL CONSTRUCTION			
HARDWARE	DIAM.	QTY. Per letter*	MASONRY (CMU-Block)	EFIS/DRYVIT OVER min. 1/2" PLYWOOD	EFIS/DRYVIT OVER GYPSUM/ DENSGLASS	METAL PANEL OVER METAL STUD
THRU-BOLT	3/8"	per/Note	YES	YES	ONLY WITH BACKER (MIN. 3/4" PLYWOOD)	YES
EXPANSION ANCHOR	3/8"	per/Note	YES[2]	NO	NO	NO
LAG BOLT	3/8"	per/Note	NO	1" SOLID WOOD PENETRATION REQ'D	NO	NO
TOGGLE BOLT	3/8"	per/Note	IF THROUGH BLOCK FACE	YES	ONLY WITH MIN. 3/4" PLYWOOD BACKER	YES
PIN MOUNT[3]	3/8"	per/Note	YES	YES	ONLY WITH MIN. 3/4" PLYWOOD BACKER	NO
Tek-Screw	3/8"	per/Note	NO	NO	NO	YES into 1/8" Alum or 1/16" Steel

1.) Fasteners shall be evenly spaced.
2.) Expansion anchors require a minimum 1-3/4" solid masonry embedment
3.) Pin mounts shall embed a min of 2-1/2" and be secured with epoxy adhesive- Plywood w/Washers and Nuts
4.) Tek-Screw into Alum. Require SS Screw - Full Thread Embedment Required.
5.) Thru-Bolts into L2x2x1/8" Stl. Angle spanning two(2) wall studs per/Bolt or Rod is also Acceptable

Engineers Connection Note:
Provide 3/8" Diam. Fasteners through letter backs with washers, using the fastener Schedule for existing wall construction type to determine the proper fastener type To install as follows:
- 72" Letters (D,S): Provide Four(4) per/letter, Two(2) Top and Bottom.
- 72" Letter (W): Provide Five(5), Three(3) Top and Two(2) Bottom.
- 12.833" Letters: Provide Two(2) per/letter, One(1) Top and Bottom.

Zoning Review Approval
By: [signature]
Date: 1-18-17

COLORS	NUMBER KEY/SPECS
Black, Satin Finish (trim/returns)	1 Street Fighter Sidekicks 7000K
White (faces)	2 1" custom aluminum black trim cap
	3 .080 Aluminum letter backplate
	4 .040 Black aluminum returns
	5 .187" white polycarb face
	6 1/4" drain holes at lowest point of letters
	7 Existing wall
	8 Dedicated 120v primary electric to be run by others
	9 Low volt 60 watt compact LED transformer
	10 Non-corrosive fasteners

FILE COPY

TOWNSHIP OF BRICK
RELEASED FOR PERMIT INITIAL DATE
Building Subcode [initial] 01/30/17
Plumbing Subcode
Fire Subcode
Electrical Subcode 1-20-17 MV
Plan Reviewer
Plans Released
Construction Official

Murdoch Engineering
2 Hummingbird Ct.
Howell, NJ 07731
(973)-570-8215
[signature] 1/9/17
Jere Murdoch, P.E.
Professional Engineer
NJ P.E. License #48980

SignPros
DESIGN • BUILD • INSTALL • SERVICE
1215 BLACK HORSE PIKE, GLENDORA, NJ 08029
856-939-1099 • FAX 939-2099
www.signprosnj.com

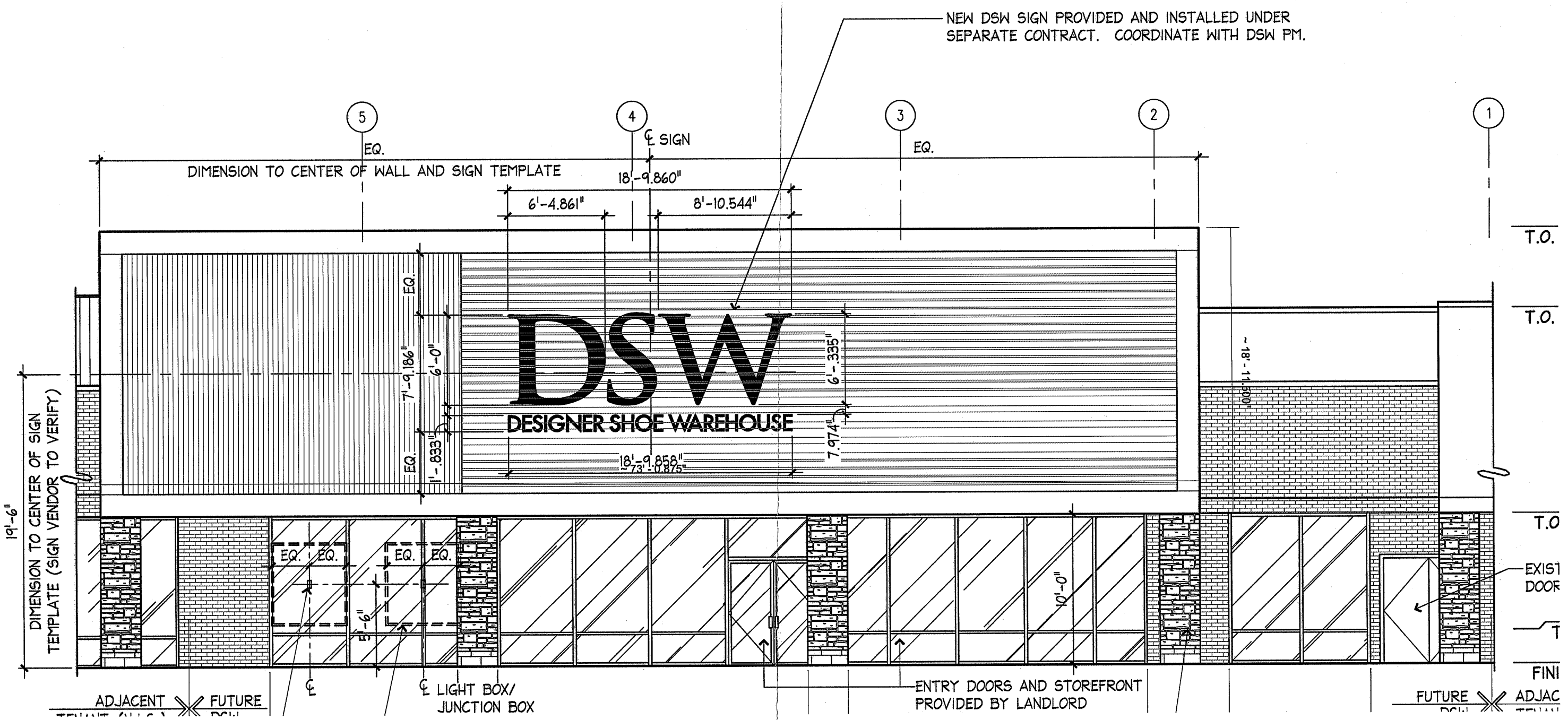
Customer: DSW Shoes		**Folder Name:** \\SIGNS\Design in Progress\Sign Innovations\DSW Shoes	
Contact:		**File Name:** Channel Letters.fs	
Address: 72 Chambers Bridge Rd • Space 29		**Designed By:** Nicole Miller	
City: Brick	**State/ZIP:** NJ 08723	**Date:** 1/9/2017	
Phone: 724.452.8699 x 204	**Fax:**	**Salesperson:** Kirk Ryan	
Customer Email: kristi@signinnovations.com		**Comments:**	

#HC 165910

Approved By:
X_____
Date Signed:_____

This Sign Is To Be Installed In Accordance With The Requirements Of Article 600 Of The National Electrical Code And/Or Other Applicable Local Codes. This Includes Proper Grounding And Bonding Of The Sign.

ELEVATION & PLAN VIEW - STOREFRONT



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Contact:	**File Name:** *Channel Letters.fs*
Address: *72 Chambers Bridge Rd • Space 29*	**Designed By:** *Nicole Miller*
City: *Brick* **State/ZIP:** *NJ* *08723*	**Date:** *1/11/2017*
Phone: *724.452.8699 x 204* **Fax:**	**Salesperson:** *Kirk Ryan*
Customer Email: *kristi@signinnovations.com*	**Comments:**

Approved By:

X_____

Date Signed:_____

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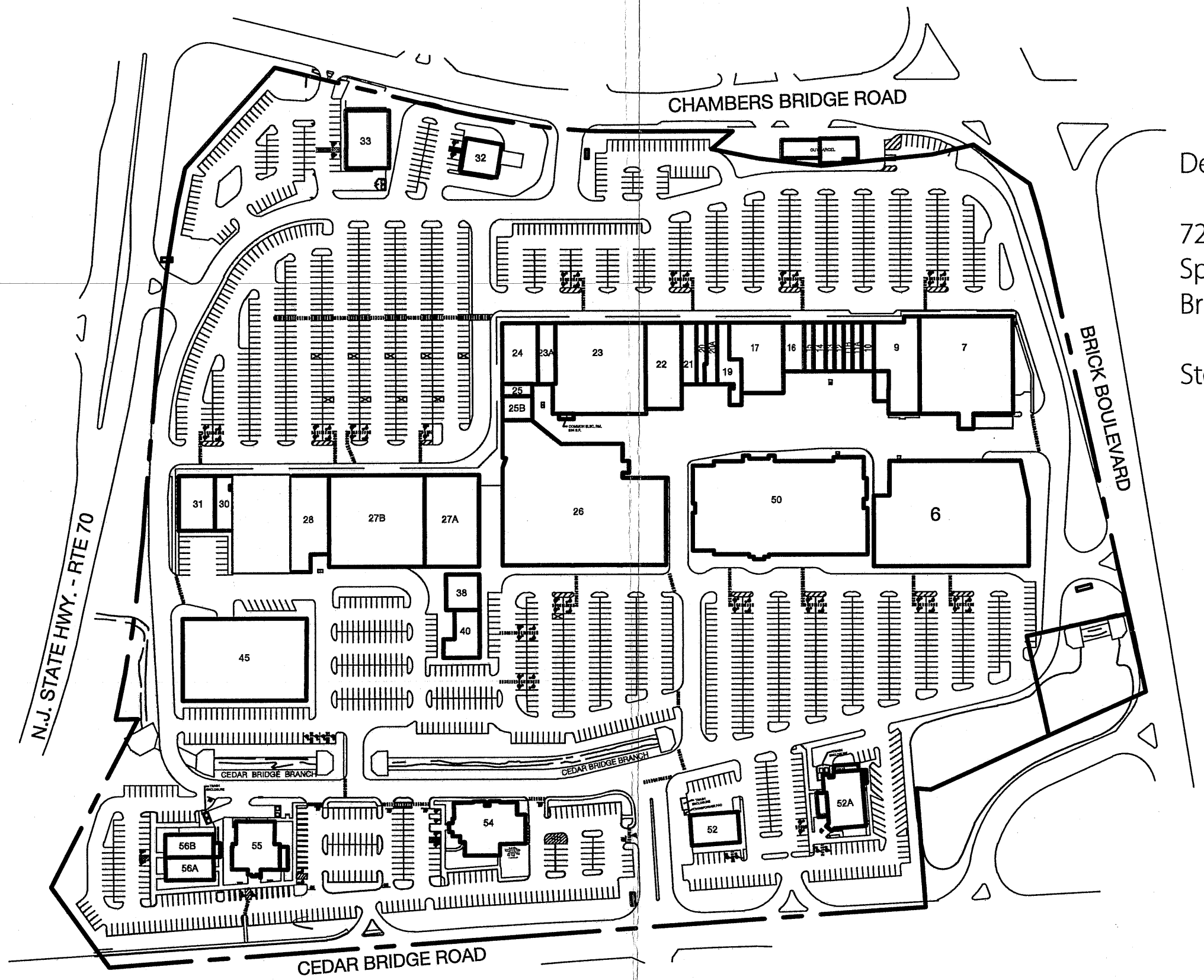
SITE MAP



Designer Shoe Warehouse

72 Brick Plaza
Space 29
Brick, NJ 08723

Store # 29595

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Customer: *DSW Shoes*		**Folder Name:** *\\SIGNS\Design in Progress\Sign Innovations\DSW Shoes*	
Contact:		**File Name:** *Channel Letters.fs*	
Address: *72 Chambers Bridge Rd • Space 29*		**Designed By:** *Nicole Miller*	
City: *Brick*	**State/ZIP:** *NJ 08723*	**Date:** *1/10/2017*	
Phone: *724.452.8699 x 204*	**Fax:**	**Salesperson:** *Kirk Ryan*	
Customer Email: *kristi@signinnovations.com*		**Comments:**	

Approved By:

X_____

Date Signed:_____

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ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 671 LOT: X10 ADDRESS: 72 Chambers Bridge Rd Space 29

IDENTIFICATION:

1. WORK SITE ADDRESS: 72 Chambers Bridge Rd Space 29
2. NAME OF OWNER IN FEE: Federal Realty Investment Trust
   ADDRESS: 50 E Wynnewood Rd PHONE #: (484) 419 1221
   Ste 200 Wynnewood Pa 19096 FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: Sign Pros
   ADDRESS: 1215 Black Horse Pk PHONE #: (856) 939 1099
   Glendora NJ 08029 FAX #: (856) 939 2099
4. ARCHITECT OR ENGINEER: McDevitt Engineering
   ADDRESS: 2 Hummingbird Ct Howell NJ PHONE: # (973) 570 8215
5. RESPONSIBLE PERSON FOR WORK: Kirk Ryan
   ADDRESS: 1215 Black Horse Pk Glendora NJ 08029

PHONE #: (856) 939 1099 FAX #: (856) 939 2099 E-MAIL: KirkeSignProsNJ.com

PROJECT DESCRIPTION:

- ☐ GRADING/CLEARING
- ☐ ROAD OPENING
- ☐ SOIL REMOVAL/FILL
- ☐ RETAINING WALL
- ☐ POOL
- ☐ BULKHEAD/DOCK
- ☐ DWELLING
- ☐ TREE REMOVAL _____
- ☑ OTHER Sign

LENGTH: _____ WIDTH: 225.858" HEIGHT: 93.186"

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: _____

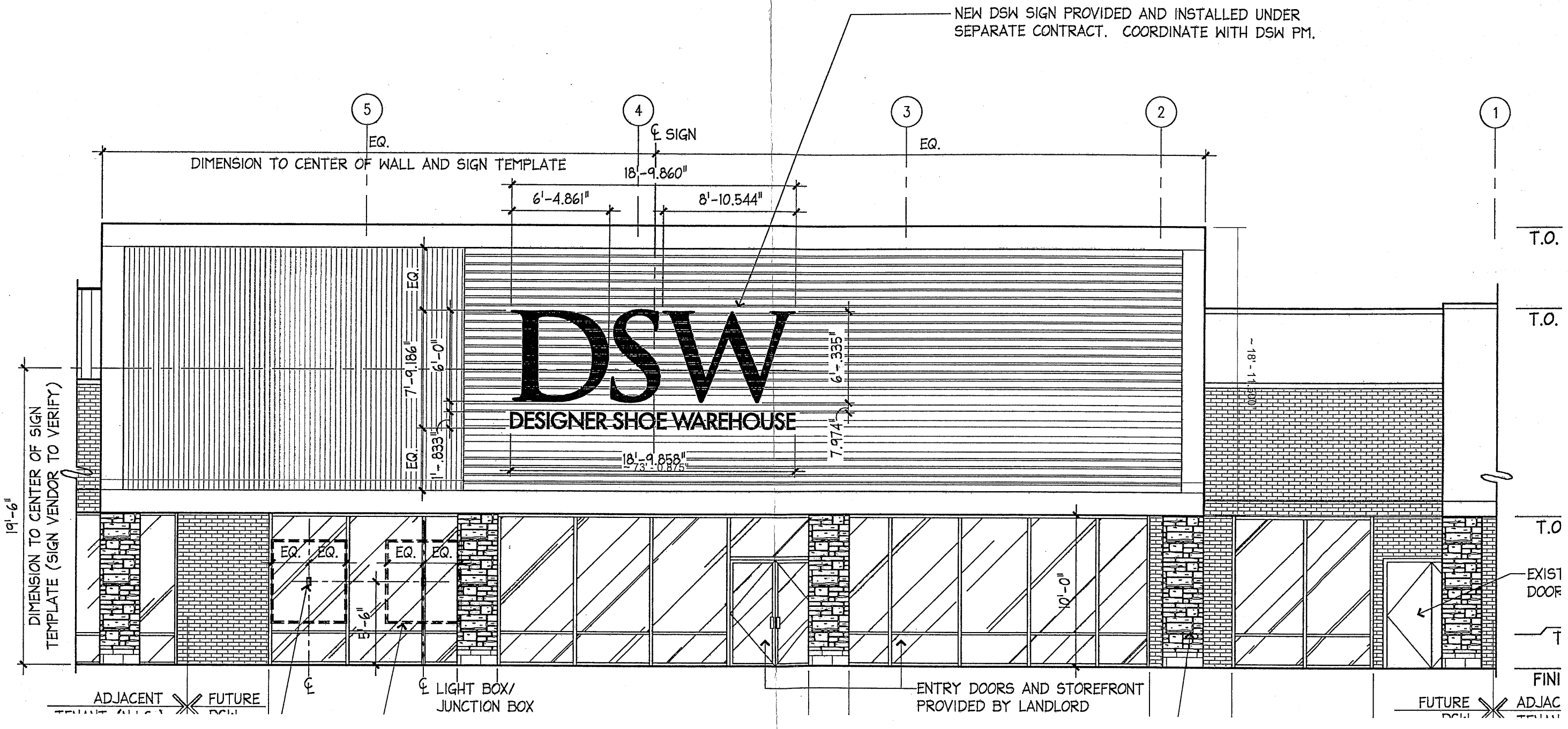
COMMERCIAL

ENGINEERING REVIEW:

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

ELEVATION & PLAN VIEW - STOREFRONT

Zoning Review
Approval
By: aw Sign
Date: 1-18-17



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Customer: DSW Shoes		**Folder Name:** \\SIGNS\Design in Progress\Sign Innovations\DSW Shoes	
Contact:		**File Name:** Channel Letters.fs	
Address: 72 Chambers Bridge Rd • Space 29		**Designed By:** Nicole Miller	
City: Brick	**State/ZIP:** NJ 08723	**Date:** 1/11/2017	
Phone: 724.452.8699 x 204	**Fax:**	**Salesperson:** Kirk Ryan	
Customer Email: kristi@signinnovations.com		**Comments:**	

Approved By:
X _____
Date Signed: _____

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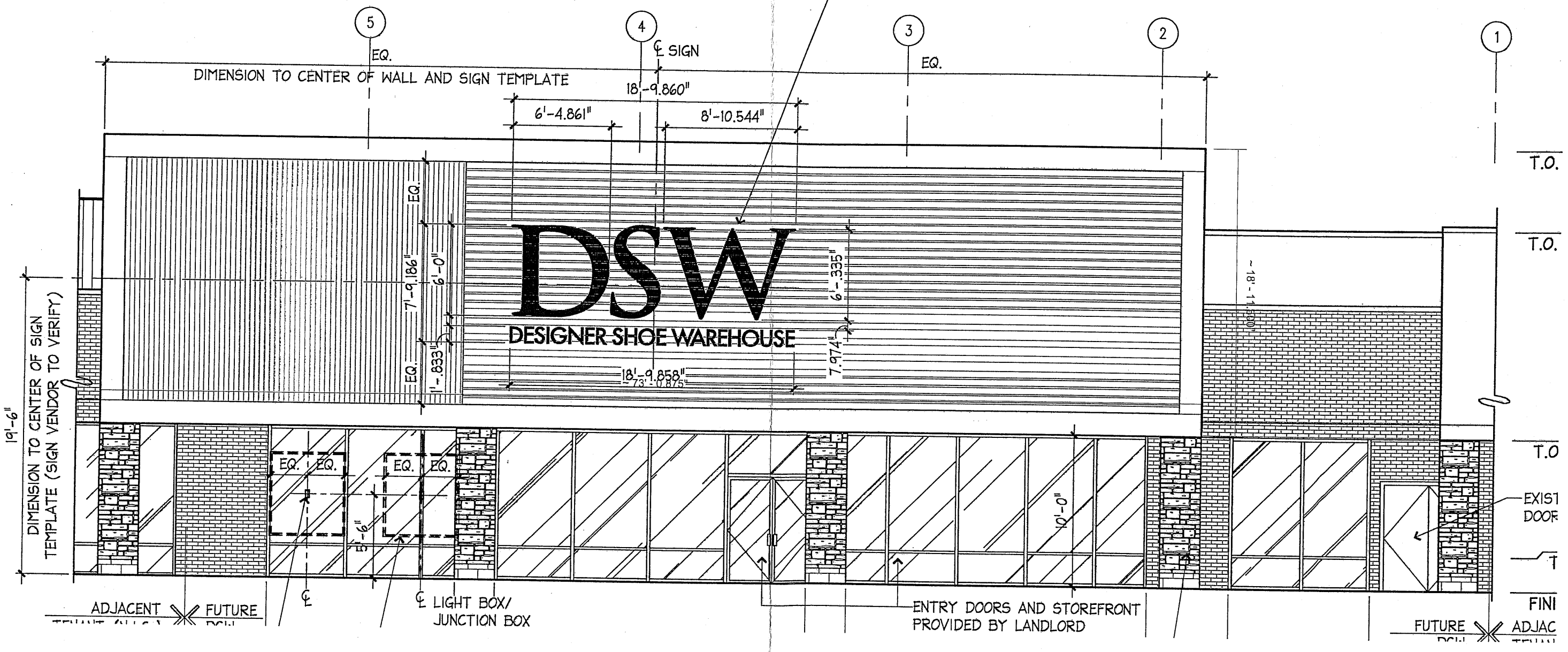
ELEVATION & PLAN VIEW - STOREFRONT

Zoning Review
Approval
By: CW Sign
Date: 1-8-17



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Approved By:
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SIGN DETAILS - STOREFRONT

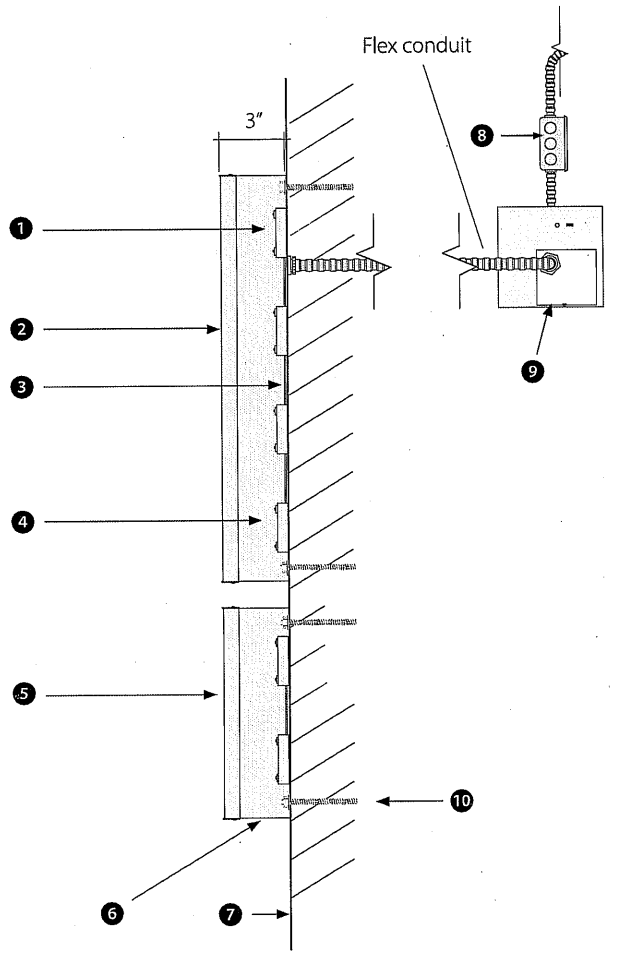
"TOS = 25' From Grade or Less"

Designed per IBC - 2015 NJ Edition
Snow Loads:
Ground Snow Load.....Pg-20 psf
Snow Exposure Factor...Ce=1.0
Snow Load Importance..Is=1.1
Thermal Factor.....Ct=1.0

Wind Loads:
Ultimate Design Wind Speed.....122 mph
Nominal Design Wind Speed.....95 mph
Risk Category..... II
(3-sec peak gust MPH*)
Wind Importance Factor...I = 1
Wind Exposure.....C
Gust Factor.....0.85

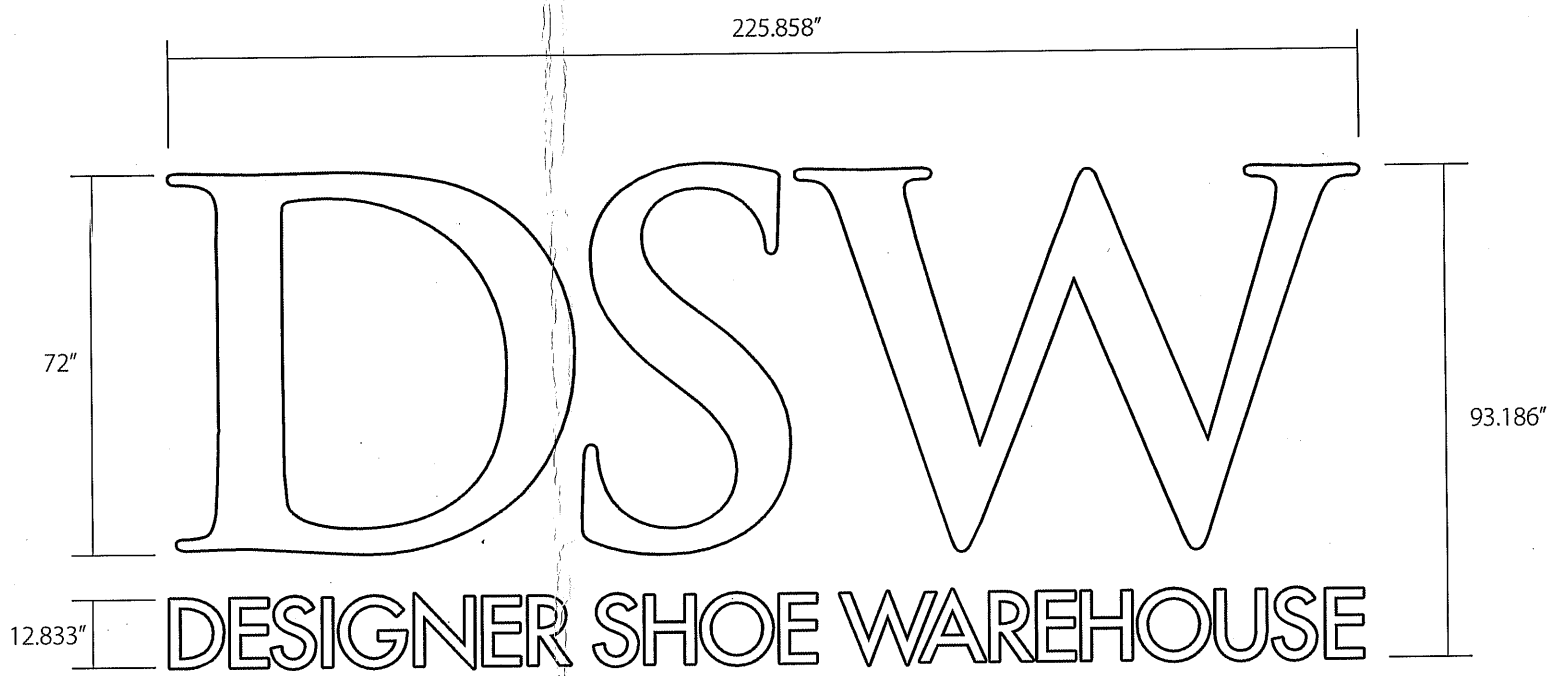
Exterior Components designed in accordance with applicable provisions of the ASCE 7-10

WHITE FACE-LIT CHANNEL LETTER



Sign to be grounded and bonded in accordance with article 600 NEC

*Section view, through sign NTS (not to scale)



Sq Ft. = 146.15

FASTENER SCHEDULE			WALL CONSTRUCTION			
HARDWARE	DIAM.	QTY. Per letter*	MASONRY (CMU-Block)	EFIS/DRYVIT OVER min. 1/2" PLYWOOD	EFIS/DRYVIT OVER GYPSUM/DENSGLASS	METAL PANEL OVER METAL STUD
THRU-BOLT	3/8"	per/Note	YES	YES	ONLY WITH BACKER (MIN. 3/4" PLYWOOD)	YES
EXPANSION ANCHOR	3/8"	per/Note	YES[2]	NO	NO	NO
LAG BOLT	3/8"	per/Note	NO	1" SOLID WOOD PENETRATION REQ'D	NO	NO
TOGGLE BOLT	3/8"	per/Note	IF THROUGH BLOCK FACE	YES	ONLY WITH MIN. 3/4" PLYWOOD BACKER	YES
PIN MOUNT[3]	3/8"	per/Note	YES	YES	ONLY WITH MIN. 3/4" PLYWOOD BACKER	NO
Tek-Screw	3/8"	per/Note	NO	NO	NO	YES into 1/8" Alum or 1/16" Steel

1.) Fasteners shall be evenly spaced.
2.) Expansion anchors require a minimum 1-3/4" solid masonry embedment
3.) Pin mounts shall embed a min of 2-1/2" and be secured with epoxy adhesive- Plywood w/Washers and Nuts
4.) Tek-Screw into Alum. Require SS Screw - Full Thread Embedment Required.
5.) Thru-Bolts into L2x2x1/8" Stl. Angle spanning two(2) wall studs per/Bolt or Rod is also Acceptable

Engineers Connection Note:
Provide 3/8" Diam. Fasteners through letter backs with washers, using the fastener Schedule for existing wall construction type to determine the proper fastener type To install as follows:
- 72" Letters (D,S): Provide Four(4) per/letter, Two(2) Top and Bottom.
- 72" Letter (W): Provide Five(5), Three(3) Top and Two(2) Bottom.
- 12.833" Letters: Provide Two(2) per/letter, One(1) Top and Bottom.

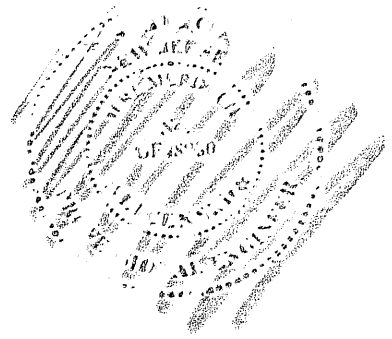
COLORS

Black, Satin Finish (trim/returns)

White (faces)

NUMBER KEY/SPECS

1. Street Fighter Sidekicks 7000K
2. 1" custom aluminum black trim cap
3. .080 Aluminum letter backplate
4. .040 Black aluminum returns
5. .187" white polycarb face
6. 1/4" drain holes at lowest point of letters
7. Existing wall
8. Dedicated 120v primary electric to be run by others
9. Low volt 60 watt compact LED transformer
10. Non-corrosive fasteners



Murdoch Engineering
2 Hummingbird Ct.
Howell, NJ 07731
(973)-570-8215
Jere Murdoch 1/9/17
Jere Murdoch, P.E.
Professional Engineer
NJ P.E. License #48980

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Contact:		**File Name:** *Channel Letters.fs*	
Address: *72 Chambers Bridge Rd • Space 29*		**Designed By:** *Nicole Miller*	
City: *Brick*	**State/ZIP:** *NJ 08723*	**Date:** *1/9/2017*	
Phone: *724.452.8699 x 204*	**Fax:**	**Salesperson:** *Kirk Ryan*	
Customer Email: *kristi@signinnovations.com*		**Comments:**	

#HC 165910

Approved By:

X _____

Date Signed: _____

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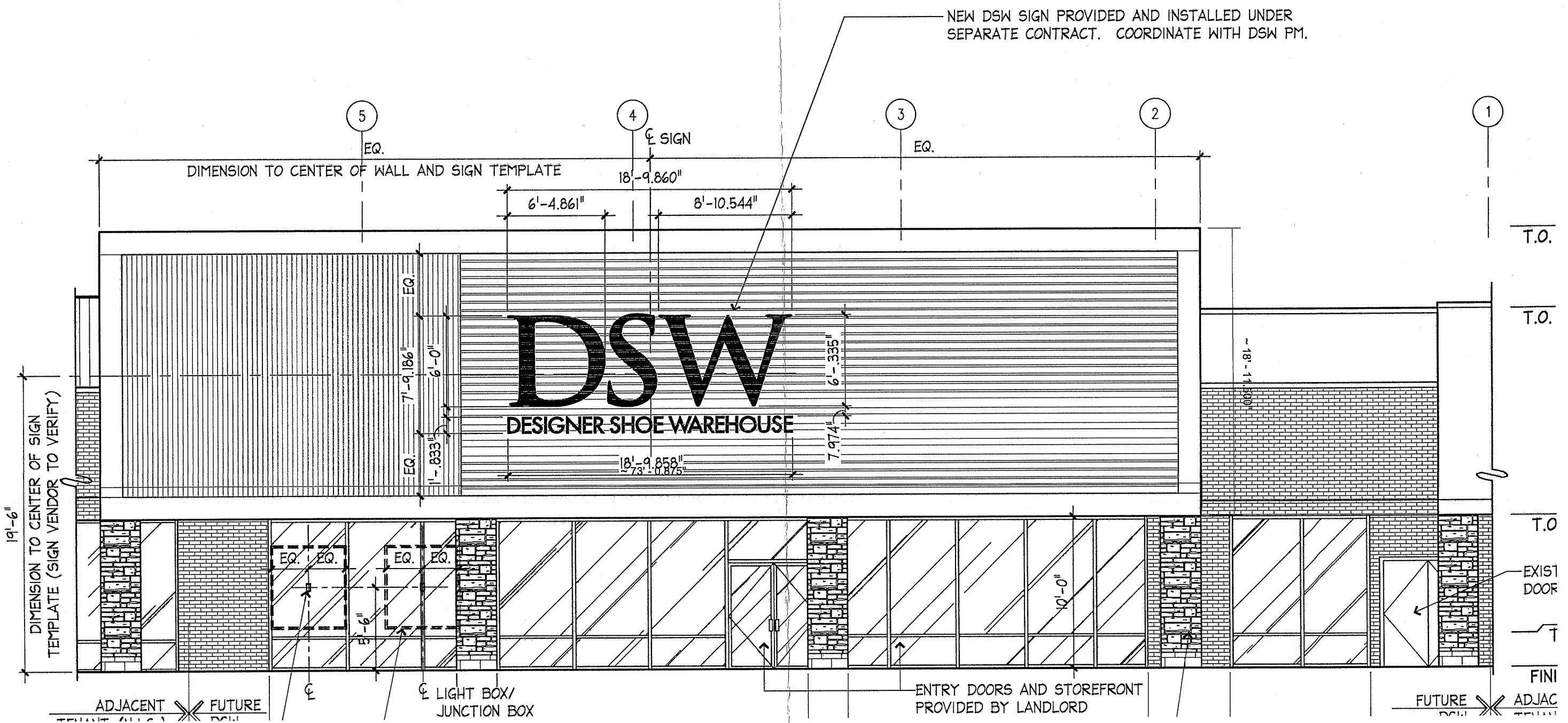

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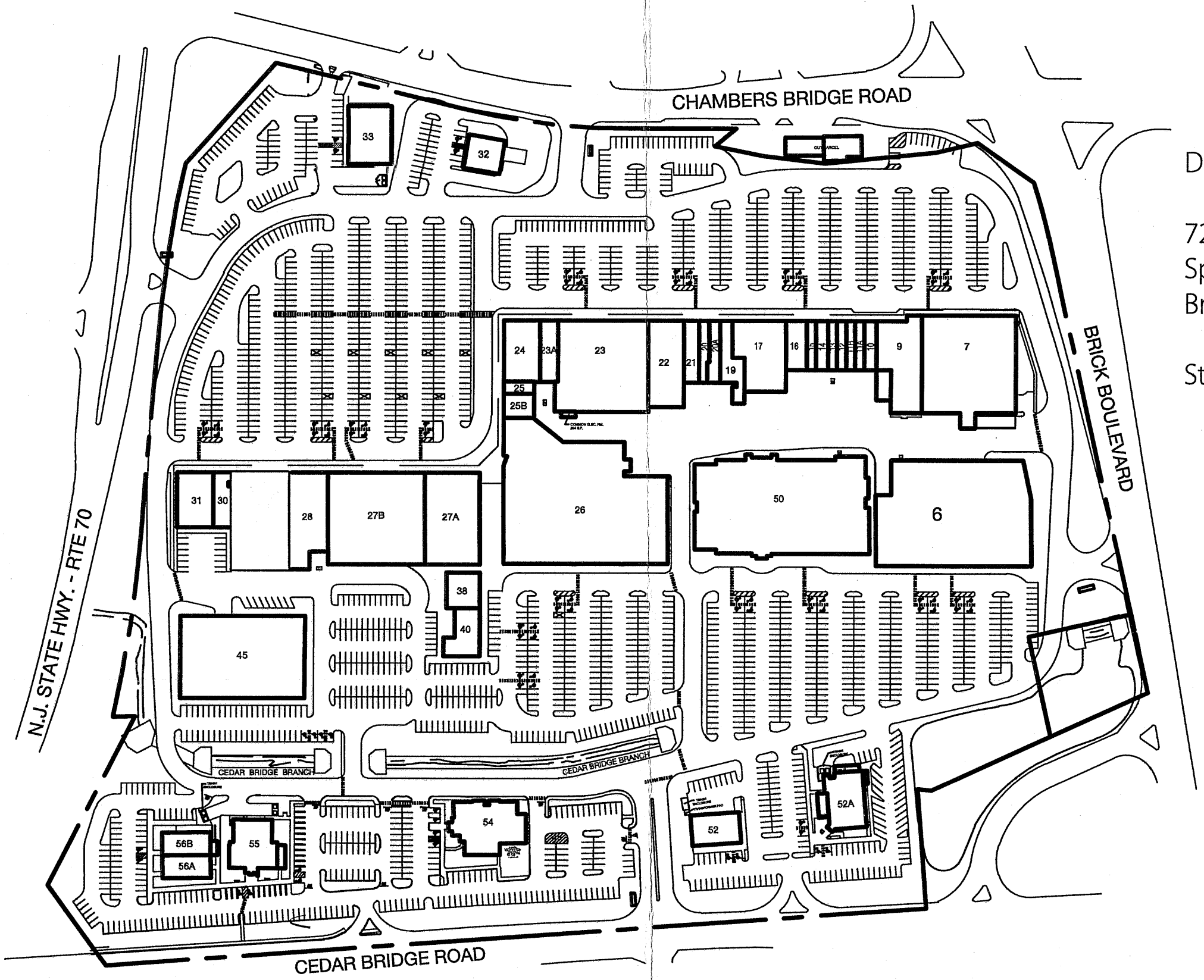
SITE MAP



Designer Shoe Warehouse

72 Brick Plaza
Space 29
Brick, NJ 08723

Store # 29595

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City: *Brick*	**State/ZIP:** *NJ* *08723*	**Date:** *1/10/2017*	
Phone: *724.452.8699 x 204*	**Fax:**	**Salesperson:** *Kirk Ryan*	
Customer Email: *kristi@signinnovations.com*		**Comments:**	

Approved By:

X_____

Date Signed:_____

CONSTRUCTION PERMIT

Date Issued 2/6/17
Control # C-17-000167
Permit # 17-0321

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier

Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST
1626 EAST JEFFERSON ST ROCKVILLE MD 20852

Telephone: (484) 419-1221

Contractor: SIGN PROS
Address: 1215 BLACK HORSE PIKE GLENDORA NJ 08029

Telephone: (856) 939-1099
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

SIGN INSTALLATION - DSW SHOES ...FACADE SIGN

PAYMENTS (Office Use Only)

Building	$200
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$6
CO Fee	
Other	$0
Total	$356
Check No.	14252
Cash	$0
Credit	$0
Collected By	

+75 431

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 $3,100

D. Hutman Jr. III
Construction Official

1/31/17
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:

- [x] 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".

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 2/6/17 (185)
Control #
Date Issued
Permit # 17-0321

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

Block 27 Lot 2.01 Qualification Code

Work Site Location 59 Chambers Bridge Rd since 89
Brick NJ 08723

Owner in Fee: Fedoni Realty Investment

Tel. (848) 419 1321 e-mail

Address 50 E Wynnewood Rd Ste 210 Wynnewood PA 19096
street municipality zip code

Contractor: J.P.K. Electrical Contractors, L.L.C. Tel. (856) 931-1915

Address 831 N. Oakland Ave., Runnemede, NJ 08078 e-mail

Contractor License No. 11550A Exp. Date 3/31/2018

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

Federal Emp. ID No. 86-1117326 FAX: (856) 931-1918

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[✓] Electric Plans Approved
Date: 1-20-17 Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 1-20-17
Approved by:

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

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

Dates (Month/Day)

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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 sign/Contractor sign and seal here: James P. Karwacki

Print name here: James P. Karwacki

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Connect Existing Primary to Sign

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 2/6/17 (185)
Control #
Date Issued
Permit # 17-0321

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Block 421 Lot 1.01 Qualification Code

Work Site Location Pine Lane Pool Ct Lot 15
Rec 15 0503

Owner in Fee: Carol Realty Investment

Tel. ( ) e-mail

Address 5 Haywood Ct Ste Delaware Bldg
street municipality zip code

Contractor: J.P.K. Electrical Contractors, L.L.C. Tel. (856) 931-1915

Address 831 N. Oakland Ave., Runnemede, NJ 08078 e-mail

Contractor License No. 11550A Exp. Date 3/31/2018

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

Federal Emp. ID No. 86-1117326 FAX: (856) 931-1918

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 10,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[X] Electric Plans Approved
Date: 1-26-17 Approved by: MM

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 2-2-17
Approved by: MM

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

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

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

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 sign/Contractor sign and seal here: James P. Karwacki

Print name here: James P. Karwacki

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install Equipment & Sys

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 2/6/17

Date Issued / Permit # 17-0321

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

Block 671 Lot ~~X~~ 1.01 Qualification Code _____

Work Site Location 59 Chambers Bridge Rd.
Brick NJ 08723

Owner in Fee: Federal Investment Trust

Tel. 464 419 1321 e-mail JSmiller@federalrealty.com

Address 70 Wynnewood Rd Ste 200 Wynnewood PA 19096
street municipality zip code

Contractor: Sign Pros Tel. 856 939 1099

Address 1217 Black Horse Pk e-mail Kirk@SignPros NJ.com
Glendora NJ 08029

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

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 223318258 FAX: _____

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.

Sign here: _____

Print name here: Kirk Ryan

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New Exterior Sign

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[✓] All	01/30/17	KRK
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 01/30/17
Approved by: KRK

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

INSPECTIONS

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

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [✓] Sign 146.15 Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

$ _____

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

B. BUILDING CHARACTERISTICS

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

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ ~~3750~~ 2800.00
2. Rehabilitation $ _____
3. Total (1+ 2) $ 2800.00

U.C.C. F110 (rev. 11/09) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three parts.
1.White-Inspector Copy 2.Canary-Applicant Copy 3.Pink-Office Copy 4.Gold-Office Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

(185)

Date Received 2/6/17
Control #

Date Issued
Permit # 17-0321

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

Block 671 Lot ~~X~~ 1.01 Qualification Code

Work Site Location 59 Chambers Bridge Rd Space 89
Brick NJ 08723

Owner in Fee: Federal Realty Investment

Tel. (484) 419 1221 e-mail

Address 50 E Wynnewood Rd Ste 200 Wynnewood Pa 19096
street municipality zip code

Contractor: J.P.K. Electrical Contractors, L.L.C. Tel. (856) 931-1915

Address 831 N. Oakland Ave., Runnemede, NJ 08078 e-mail

Contractor License No. 11550A Exp. Date 3/31/2018

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

Federal Emp. ID No. 86-1117326 FAX: (856) 931-1918

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[X] Electric Plans Approved
Date: 1-20-17 Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 1-20-17
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [Y] CA
Date: 3/8/17
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			3/8/17	PJR
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 11/09)

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 sign/Contractor sign and seal here: James P. Karwacki

Print name here: James P. Karwacki

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

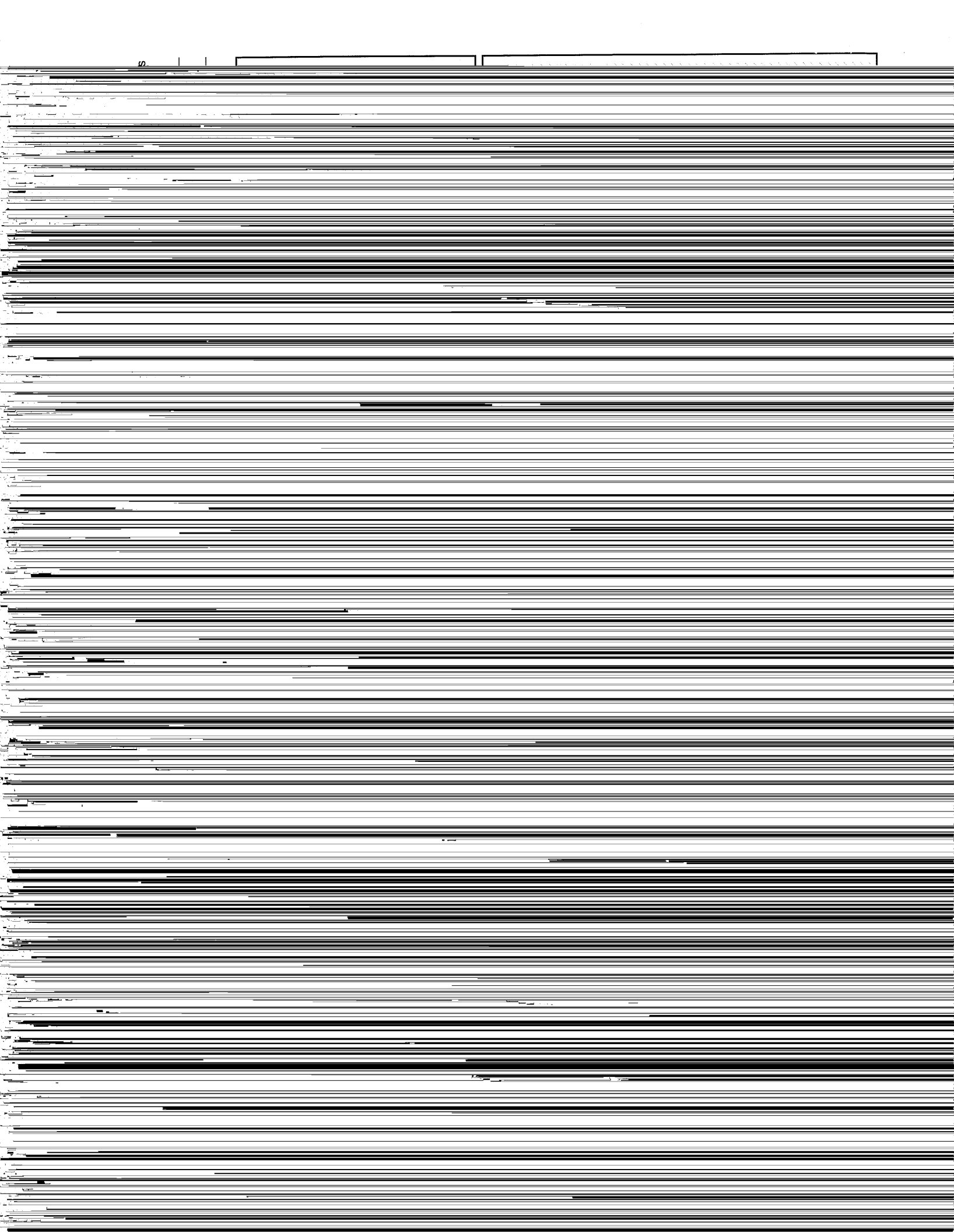
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Connect Existing Primary to Sign

COMMERCIAL

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

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



ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 671 LOT: ~~X~~10 ADDRESS: 72 Chambers Bridge Rd Space 29

IDENTIFICATION:

1. WORK SITE ADDRESS: 72 Chambers Bridge Rd Space 29
2. NAME OF OWNER IN FEE: Federal Realty Investment Trust
   ADDRESS: 50 E Wynnewood Rd PHONE #: (484) 419 1321
   Ste 200 Wynnewood Pa 19096 FAX #: ( ) _____
3. PRINCIPAL CONTRACTOR: Sign Pros
   ADDRESS: 1215 Black Horse Pk PHONE #: (856) 939 1099
   Glendora NJ 08029 FAX #: (856) 939 2099
4. ARCHITECT OR ENGINEER: MacDonald Engineering
   ADDRESS: 2 Hummingbird Ct Howell NJ PHONE: # (973) 570 8215
5. RESPONSIBLE PERSON FOR WORK: Kirk Ryan
   ADDRESS: 1215 Black Horse Pk Glendora NJ 08029

PHONE #: (856) 939 1099 FAX #: (856) 939 2099 E-MAIL: KirkeSignPros NJ.com

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ _____

OTHER _____: $ _____

BOND(S): $ _____

TOTAL: $ _____

PROJECT DESCRIPTION:

☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☑ OTHER Sign

LENGTH: _____ WIDTH: 225.858" HEIGHT: 93.186"

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: _____

COMMERCIAL

ENGINEERING REVIEW:

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

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued: 2/6/17
Application Number: ZA-17-00064
Application Date: 01/18/2017
Project Number:
Permit Number: ZP-17-00144
Fee: $75.00

Zoning Permit

Worksite Location: **56 CHAMBERS BRIDGE RD.**
Space 29
Brick Township, NJ 08723

Block: **671**
Lot: **1.01**
Qualifier:
Zone: **B-3**

Owner: **FEDERAL REALTY INVESTMENT TRUST**
Address: **50 E Wynnewood Rd. Ste. 200**
Wynnewood, PA 19096

Applicant: **Sign Pros**
Address: **1215 Black Horse Rd.**
Glendora, NJ 08029

Application Approved Date: 01/18/2017

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

Use is: Retail Store (DSW Shoes)
Nonconforming Use is:

Work Description:
Sign - Installation of a channel letter sign for "DSW Shoes"
146.15sq. ft.

The sign cannot exceed 15% of the storefront facade.

Additional Zoning Permit is required for additional work or signage.

Upon review it was determined that the Zoning Permit:

- ☑ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Christopher J. Romano, Assistant Zoning Officer — 01/18/2017 Date

Sean Kinnevy, Zoning Officer — 1/18/17 **Date**

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 3/10/2017
Control Number C-17-000167
Permit Number 17-0321
Permit Issue Date 2/6/2017
Certificate Number 17-0321

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 SIGN PROS

Address 1215 BLACK HORSE PIKE GLENDORA NJ 08029

Telephone: (856) 939-1099 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

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 - DSW SHOES ...FACADE SIGN

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:

Date Printed: 3/10/2017

U.C.C. F260 (rev. 08/05)