BLOCK 671 LOT 1.01 QUALIFICATION CODE _____ ADDRESS (SITE) 56 Chambers Bridge Rd. PERMIT NO. 16-2687

CONSTRUCTION PERMIT APPLICATION

CN6-002957

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

I. IDENTIFICATION

1. Proposed Work Site at: 56 Chambers Bridge Rd.
2. Name of Owner in Fee: Federal Realty
   Tel. (609) 645-3300 e-mail _____
   Address 1626 E. Jefferson St. Rockville MD 20852 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: KC Sign Company Tel. (610) 497-0111
   Address 142 Conchester Hwy e-mail _____
   Aston PA 19014
   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. 23-2811816 FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun (Amber Scott Michael Rosenthal (Spouse))
   Tel. (917) 709-4448 FAX: ( ) _____
   732-573-5476

V. FEE SUMMARY (for office use only)

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

ABANDON

IIa. PROPOSED WORK

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

Sign Signature Followup

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		MP 6/16/16			07/12/16	KRC			
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Ener Exempt			6/20/16	ECC			
TOTAL COST									

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

RECEIVING CLERK JMP
DATE REC'D 6/14/16

ZONING PERMIT APPLICATION

PERMIT # ZP-16-01149
DATE ISSUED 8/11/16

BLOCK: 671 LOT: 1.01 QUALIFIER: _____ SITE ADDRESS: 56 Chambers Bridge Rd.

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Federal Realty
   COMPLETE ADDRESS: 1626 E. Jefferson St. Rockville NJ 20852
   PHONE # 609 645 3306 EMAIL: _____
2. NAME OF APPLICANT: Spirit Halloween
   APPLICANT ADDRESS: 6826 Black Horse Pike Egg Harbor Twp NJ 08234
   PHONE # 609-645-3300 EMAIL: _____
3. RESPONSIBLE PERSON FOR WORK: Michael Rosenthal
   PHONE# 917-705-4418 FAX# _____
4. SIGNATURE OF APPLICANT: Michael Rosenthal

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50
OTHER: $ _____
TOTAL: $ 50

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: Empty
PROPOSED USE: Spirit Halloween

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: 28x30 & 5x32 (*IF APPLICABLE)

OTHER _____

DESCRIPTION: 2 facade SIGNS

ZONING REVIEW:

DATE REVIEWED: 6-24-16 DATE DENIED: _____ DATE APPROVED: 6-24-16 INITIALS: CW

(SEE BACK PAGE)

OFFICE USE ONLY

RECEIVED
JUL 05 2016
ZONING

ZONING REVIEW:

DATE REVIEWED: 7/5/16 DATE DENIED: — DATE APPROVED: 7/5/16 INTLS: SGZ

DATE:	COMMENTS:	INITIALS:
7/5/16	SENT TO ECC	SGZ

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 8/1/16
Control #
Date Issued
Permit # 16-2687

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 56 Chambers Bridge Rd.

Owner in Fee: Federal Realty
Tel. 609) 645 3300 e-mail
Address 1626 E. Jefferson St. Rockville MD
street municipality zip code

Contractor: KC Signs Co. Tel. (610) 494-0111
Address 142 Conchester Hwy e-mail
Aston PA 19014

Contractor License No. or Builder Registration No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 23-2811816 FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [√] All — 07/12/16 — KGH
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 07/12/16
Approved by: KGH

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

INSPECTIONS — Dates (Month/Day)

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
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. $
2. Rehabilitation $ 750.00
3. Total (1+ 2) $

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: Michael Rosenthal
Print name here: Michael Rosenthal

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install 2 facade ~~Sign's~~ COMMERCIAL

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence ____ Height (exceeds 6')
- [ ] Sign ____ 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 $

U.C.C. F110
(rev. 11/09)

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

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 671 LOT: 1.01 ADDRESS: 56 Chambers Bridge Rd.

IDENTIFICATION:

1. WORK SITE ADDRESS: 56 Chambers Bridge Rd.
2. NAME OF OWNER IN FEE: Federal Realty
   ADDRESS: 1626 E. Jefferson St PHONE #: (609) 645-3300
   Rockville MD FAX #: (___) _____
3. PRINCIPAL CONTRACTOR: KC Signs Co.
   ADDRESS: 142 Conchester Hwy PHONE #: (610) 497-0111
   Aston PA 19014 FAX #: (___) _____
4. ARCHITECT OR ENGINEER: _____
   ADDRESS: _____ PHONE: # (___) _____
5. RESPONSIBLE PERSON FOR WORK: Michael Rosenthal Spirit Halloween
   ADDRESS: 6826 Black Horse Pike EHT NJ 08234
   PHONE #: (917) 209-4418 FAX #: (___) _____ E-MAIL: Michael.Rosenthal@SpiritHalloween.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: _____ HEIGHT: _____

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: _____