BLOCK 6071 LOT 1.01 QUALIFICATION CODE _____ ADDRESS (SITE) 56 Chambersbridge Road STE 43A PERMIT NO. 14-3020

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C14-003038

I. IDENTIFICATION

1. Proposed Work Site at: 56 Chambersbridge Road 43A
2. Name of Owner in Fee: Federal Realty
   Tel. 484-419-1205 e-mail _____
   Address 50 East Wynnewood Road (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Spirit Halloween Tel. 732-573-5476
   Address 6826 Blackhorse Pike e-mail Specist118@spirithalloween.com
   Egg Harbor Twp NJ 08234
   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. 75-3055237 FAX: _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun Amber Scott
   Tel. _____ FAX: _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 100		
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	3		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 103		

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 ☐ 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		MP			09/05/14	KRR			
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Exempt			8/8/14	ECC			
TOTAL COST	$0								

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
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
12. ☐ Fire Alarm

07-11-14A09:43 RCVD

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/03/2014
Control Number C-14-003038
Permit Number 14-3020
Permit Issue Date 09/15/2014
Certificate Number 14-3020

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. Spirit Halloween -- Site 43A Brick Township, NJ Block: 671 Lot: 1.01 Qual:

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE NJ 20852

Telephone: (484) 419-1205

Contractor Spirit Holloween

Address 6826 BLACK HORSE PIKE Egg Harbor NJ 08234

Telephone: (609) 289-2191 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 - SPIRIT HALLOWEEN (Site 43A)

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: 10/03/2014

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

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 2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical 4. ( ) Plumbing

D. ( ) I agree to advise all subcontractors 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 obtained, including such certification as the construction official may require.

I understand that if such statements are willfully false, I am subject to punishment.

Signature Amby Seal 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 obtained, including such certification as the construction official may require.

I agree to advise all subcontractors 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 such statements are willfully false, I am subject to punishment.

( ) Check if contractor

Agent Name Amby (tween)

Address 6[illegible] Blar[illegible]

[illegible] Marg[illegible]

Telephone (732)

Signature Amby Seal

III. ( ) LEAD HAZ[illegible] Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 9/15/14
Control #

Date Issued
Permit # 14-3020

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 Chambersbridge Road Ste 42A

Owner in Fee: Federal Realty

Tel. (484) 419-1205 e-mail

Address 50 East Wynnewood Road (street) Wynnewood PA (municipality) 19096 (zip code)

Contractor: Spirit Halloween Tel. (732) 573-5476

Address 6826 Black Horse Pike e-mail

EggHarbor Twp NJ 08234

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

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 75-305237 FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	09/05/14	tlah
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 09/05/14
Approved by: KEN

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 09/25/14
Approved by: KEN

INSPECTIONS Type:	Failure	Failure	Approval (Dates Month/Day)	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			9/22/14	KEN
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 $ 1,600
3. Total (1+ 2) $ 0

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

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: Amber Scott

Print name here: Amber Scott

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

~~Tennant Fit Up~~ Sign

Halloween Store

COMMERCIAL

No Electrical

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence ____ Height (exceeds 6')
- [✓] Sign 272 Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall ____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other ____
- [ ] Demolition

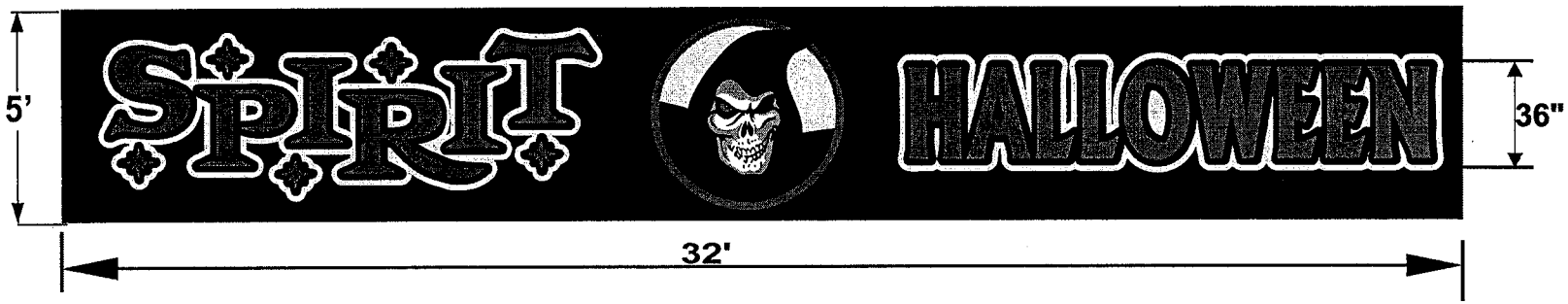
FEE (Office Use Only)
$

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

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

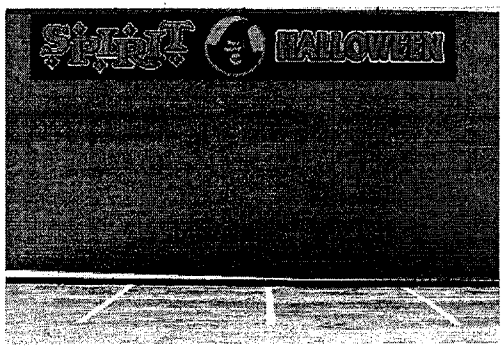
APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
AUG 04 2014
5920

Channel Letter Sign
Job Specifications



Side View - Sign Depth

- Letter - 3" Thick Polystyrene
- Face - 2 mil Cast Transluscent Fluorescent Vinyl
- Background 1/2" Thick Polypropylene Rigid Plastic



Installation Guide

Flush mount to wall or solid surface
Attach Panel with appropriate fastener for wall surface

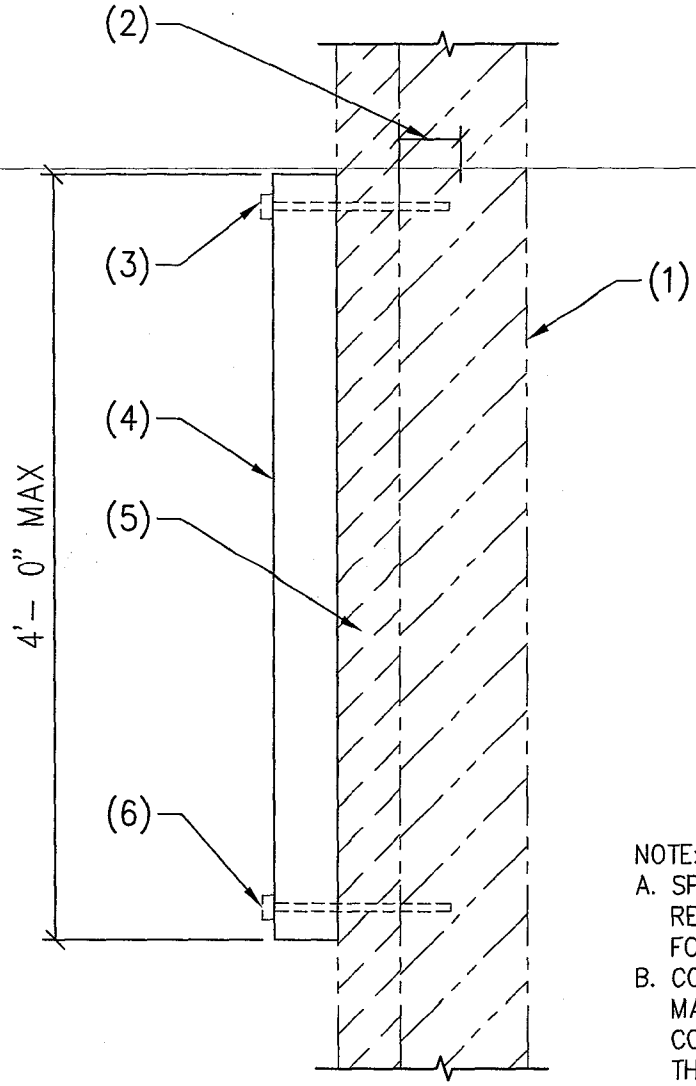
* EIFS	5"	Zinc coated coarse thread screw
* Metal	1"	#10 self tapping screw
* Masonry	2.5"	Tapcon or compatible masonry screw

Sign Type	Channel Letters	Back Color	Matte Black
Sign Depth	3.5" Thick	Letter Color	Fluorescent Orange
Letter Size	34" on HALLOWEEN	Outline Color	Fluorescent Yellow
Mounting	Flush to building	Return Color	Black

Date: 3-10-2010	Project: Spirit Halloween	Hightech Signs - Corporate Offices 3205 Clairmont Court Fort Wayne, IN 46808 www.hightech-signs.com 888.929.0531
Location: Egg Harbor Township, NJ	Designer: JWT	

Job # 11-9611

3.1



NOTES:

1. EXISTING MASONRY WALL.
2. 2" MIN EMBEDMENT.
3. HILTI HIT–HY70 5/16" DIA ADHESIVE ANCHORS. DRILL THROUGH EXISTING EIFS PER HILTI SPECIFICATIONS. INSTALL PER ICC ESR 2682.
4. NEW SIGN PER SIGN MFR.
5. EXISTING EIFS.
6. DO NOT INSTALL ANCHORS IN A MORTAR JOINT.

NOTE:

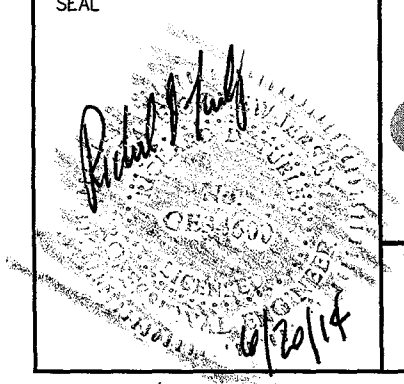
A. SPECIAL STRUCTURAL INSPECTION MAY BE REQUIRED BY THE JURISDICTION HAVING AUTHORITY FOR SCREW ANCHOR INSTALLATION.
B. CONTRACTOR TO VERIFY THE EXISTENCE OF MASONRY BENEATH THE EXISTING EFIS. IF CONDITIONS DIFFER FROM WHAT IS SPECIFIED ON THIS DETAIL – CONTACT THE STRUCTURAL ENGINEER.

03 3D LETTER SIGN ATTACHMENT TO EXISTING MASONRY WALL

14–664 NO SCALE

DETAIL – no scale

SEAL



CARUSO ■ TURLEY ■ SCOTT ■ INC.
CONSULTING STRUCTURAL ENGINEERS
1215 WEST RIO SALADO PARKWAY SUITE 200
TEMPE, ARIZONA 85281 www.ctsaz.com
Ph: (480)774–1700 Fax: (480)774–1701

JOB NUMBER	DRAWN
14–664	RLM
DATE	ENGR
06/19/14	ACK

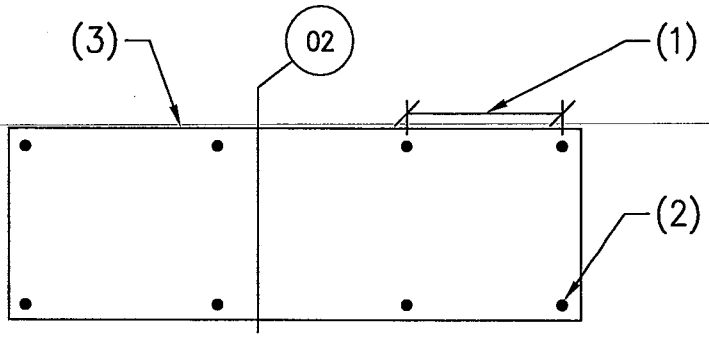
TITLE
SPENCER GIFTS SIGN SUPPORT
110 BRICK PLAZA
BRICK, NEW JERSEY 08723

SK3

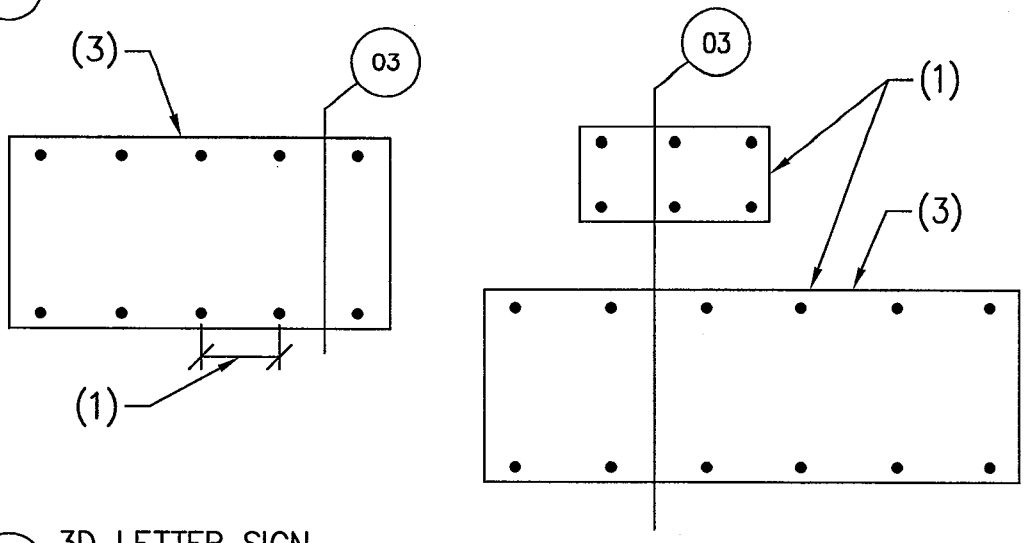
THESE DRAWINGS/CALCULATIONS ARE CONSIDERED PRELIMINARY –NOT FOR CONSTRUCTION OR RECORDING UNLESS THE STRUCTURAL ENGINEER OF RECORD'S SEAL IS AFFIXED WITH WRITTEN SIGNATURE.

NOTES:

1. PLACE ANCHORS TOP AND BOTTOM OF SIGN SPACED AT 5'–0" O.C. MAX HORIZONTALLY.
2. LOCATE 1 ANCHOR AT EACH CORNER.
3. DIMENSIONS PER SIGN MANUFACTURER.



A CHANNEL LETTER SIGN



B 3D LETTER SIGN

01 SIGN ELEVATIONS

14–664 NO SCALE

DETAIL – no scale

SEAL

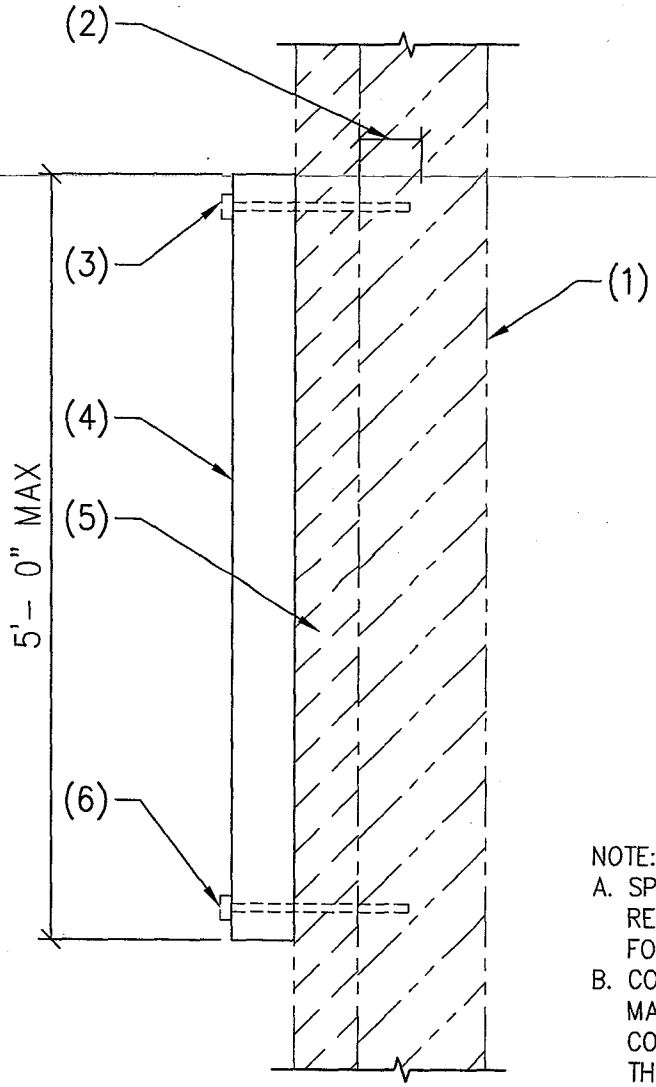
CARUSO ■ TURLEY ■ SCOTT ■ INC.
CONSULTING STRUCTURAL ENGINEERS
1215 WEST RIO SALADO PARKWAY SUITE 200
TEMPE, ARIZONA 85281 www.ctsaz.com
Ph: (480)774–1700 Fax: (480)774–1701

JOB NUMBER	DRAWN
14–664	RLM
DATE	ENGR
06/19/14	ACK

TITLE
SPENCER GIFTS SIGN SUPPORT
110 BRICK PLAZA
BRICK, NEW JERSEY 08723

SK1

THESE DRAWINGS/CALCULATIONS ARE CONSIDERED PRELIMINARY –NOT FOR CONSTRUCTION OR RECORDING UNLESS THE STRUCTURAL ENGINEER OF RECORD'S SEAL IS AFFIXED WITH WRITTEN SIGNATURE.



NOTES:

1. EXISTING MASONRY WALL.
2. 2" MIN EMBEDMENT.
3. HILTI HRT-HY70 5/16" DIA ADHESIVE ANCHORS TOP AND BOTTOM OF SIGN. DRILL THROUGH EXISTING EIFS INSTALL ANCHORS PER ICC ESR 2682.
4. NEW SIGN PER SIGN MFR. MAXIMUM SIGN AREA = 160 SQ. FT.
5. EXISTING EIFS.
6. DO NOT INSTALL ANCHORS IN A MORTAR JOINT.

NOTE:

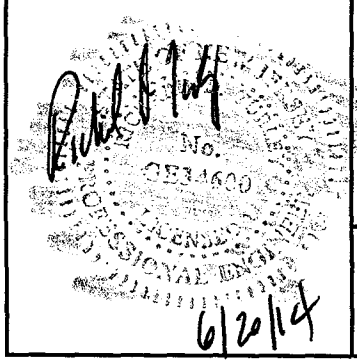
A. SPECIAL STRUCTURAL INSPECTION MAY BE REQUIRED BY THE JURISDICTION HAVING AUTHORITY FOR SCREW ANCHOR INSTALLATION.
B. CONTRACTOR TO VERIFY THE EXISTENCE OF MASONRY BENEATH THE EXISTING EIFS. IF CONDITIONS DIFFER FROM WHAT IS SPECIFIED ON THIS DETAIL – CONTACT THE STRUCTURAL ENGINEER.

02 CHANNEL LETTER SIGN ATTACHMENT TO EXISTING MASONRY WALL

14-664 NO SCALE

DETAIL – no scale

SEAL



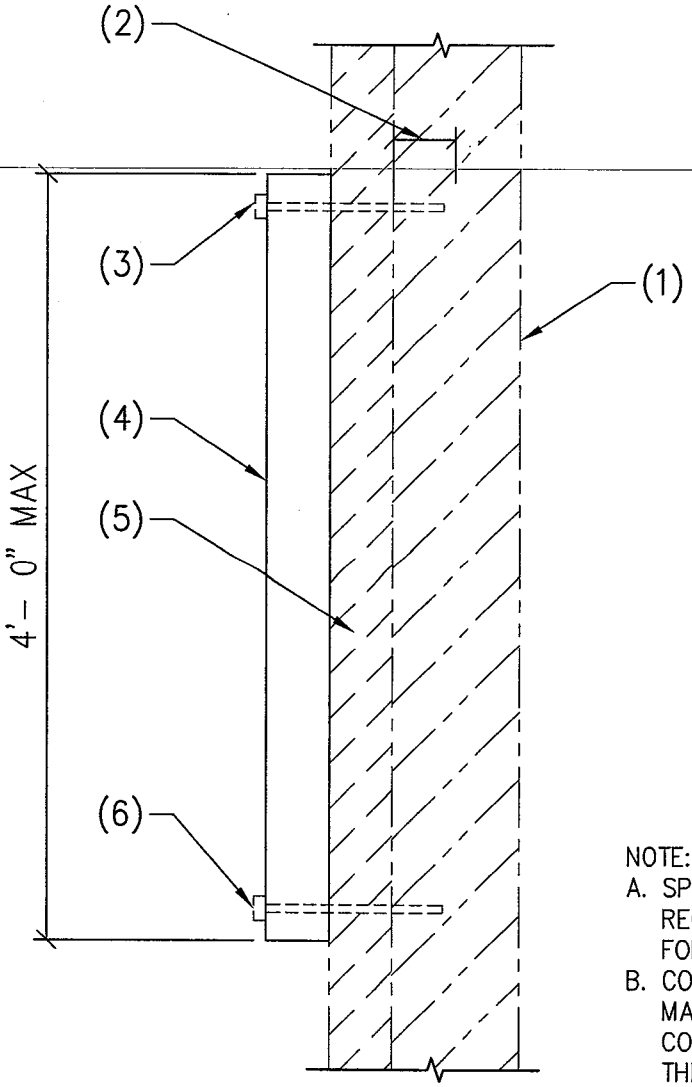
CARUSO ■ TURLEY ■ SCOTT ■ INC.
CONSULTING STRUCTURAL ENGINEERS
1215 WEST RIO SALADO PARKWAY SUITE 200
TEMPE, ARIZONA 85281 www.ctsaz.com
Ph: (480)774-1700 Fax: (480)774-1701

JOB NUMBER	DRAWN
14-664	RLM
DATE	ENGR
06/19/14	ACK

TITLE
SPENCER GIFTS SIGN SUPPORT
110 BRICK PLAZA
BRICK, NEW JERSEY 08723

SK2

THESE DRAWINGS/CALCULATIONS ARE CONSIDERED PRELIMINARY -NOT FOR CONSTRUCTION OR RECORDING UNLESS THE STRUCTURAL ENGINEER OF RECORD'S SEAL IS AFFIXED WITH WRITTEN SIGNATURE.



NOTES:

1. EXISTING MASONRY WALL.
2. 2" MIN EMBEDMENT.
3. HILTI HIT-HY70 5/16" DIA ADHESIVE ANCHORS. DRILL THROUGH EXISTING EIFS PER HILTI SPECIFICATIONS. INSTALL PER ICC ESR 2682.
4. NEW SIGN PER SIGN MFR.
5. EXISTING EIFS.
6. DO NOT INSTALL ANCHORS IN A MORTAR JOINT.

NOTE:

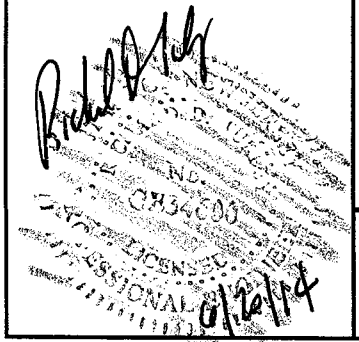
A. SPECIAL STRUCTURAL INSPECTION MAY BE REQUIRED BY THE JURISDICTION HAVING AUTHORITY FOR SCREW ANCHOR INSTALLATION.
B. CONTRACTOR TO VERIFY THE EXISTENCE OF MASONRY BENEATH THE EXISTING EFIS. IF CONDITIONS DIFFER FROM WHAT IS SPECIFIED ON THIS DETAIL – CONTACT THE STRUCTURAL ENGINEER.

03 3D LETTER SIGN ATTACHMENT TO EXISTING MASONRY WALL

14-664 NO SCALE

DETAIL – no scale

SEAL



CARUSO ■ TURLEY ■ SCOTT ■ INC.
CONSULTING STRUCTURAL ENGINEERS
1215 WEST RIO SALADO PARKWAY SUITE 200
TEMPE, ARIZONA 85281 www.ctsaz.com
Ph: (480)774-1700 Fax: (480)774-1701

JOB NUMBER	DRAWN
14-664	RLM
DATE	ENGR
06/19/14	ACK

TITLE
SPENCER GIFTS SIGN SUPPORT
110 BRICK PLAZA
BRICK, NEW JERSEY 08723

SK3

THESE DRAWINGS/CALCULATIONS ARE CONSIDERED PRELIMINARY -NOT FOR CONSTRUCTION OR RECORDING UNLESS THE STRUCTURAL ENGINEER OF RECORD'S SEAL IS AFFIXED WITH WRITTEN SIGNATURE.

4/11
9/5/14
LH

CONSTRUCTION PERMIT

Date Issued 9/15/14
Control # C-14-003038
Permit # 14-3020

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier
Work Site Location: 56 CHAMBERS BRIDGE RD. Spirit Halloween -- Site 43A Brick Township, NJ
Contractor Spirit Holloween
Address 6826 BLACK HORSE PIKE Egg Harbor NJ 08234
Owner in Fee FEDERAL REALTY INVESTMENT TRUST 1626 EAST JEFFERSON ST ROCKVILLE NJ 20852
Telephone: (609) 289-2191
Lic. No. or Bldrs. Reg. No.
Telephone: (484) 419-1205
Federal Employee. No.

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 - SPIRIT HALLOWEEN (Site 43A)

Note: If constuction 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 $1,600

Daniel J. Newman Jr
Construction Official
Date 9/5/14

PAYMENTS (Office Use Only)

Building	$100
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$103
Check No.	69763060
Cash	$0
Credit	$0
Collected By	

+50
153

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".

09/15/14 11:30AM 0015580545
XX07 SERV.007
#3020
#3020
	$100.00
DCA	$3.00
ZPA	$50.00
CHECK	$153.00

☑ A complete copy of released plans must be kept on the job site.

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 9/15/14
Control #

Date Issued
Permit # 14-3020

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 Chambersbridge Road Ste 42A

Owner in Fee: Federal Realty

Tel. (484) 419-1205 e-mail _____

Address 50 East Wynnewood Road (street) Wynnewood PA (municipality) 19096 (zip code)

Contractor: Spirit Halloween Tel. (732) 573-5476

Address 6826 Black Horse Pike e-mail _____

EggHarbor Twp NJ 08234

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

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 75-305237 FAX: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[✓] All	09/05/14	KEH
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 09/05/14
Approved by: KEH

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				

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 $ 1600
3. Total (1+ 2) $ 0

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: Amber Scott

Print name here: Amber Scott

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

~~Tennant Fit Up~~ Sign

Halloween Store

COMMERCIAL

No Electrical

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [✓] Sign 272 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 $ _____

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

RECEIVING CLERK: YP
DATE REC'D: 7/11/14

ZONING PERMIT APPLICATION

PERMIT # 28-14-00981
DATE ISSUED: 9/15/14

BLOCK: 671 LOT: 1.01 QUALIFIER: — SITE ADDRESS: 50 Chambersbridge Road 43A

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Federal Realty
   COMPLETE ADDRESS: 50 East Wynnewood Road
   Wynnewood PA 19096
   PHONE # 484-419-1205 EMAIL:

2. NAME OF APPLICANT: Spirit Halloween (Amber Scott)
   APPLICANT ADDRESS: 10826 Black Horse Pike
   Egg Harbor Twp NJ 08234
   PHONE # (732)573-0476 EMAIL: Spdist118@SpiritHalloween.com

3. RESPONSIBLE PERSON FOR WORK: Amber Scott
   PHONE # (732)5730476 FAX#

4. SIGNATURE OF APPLICANT: Amber J. Scott

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50—
OTHER: $
TOTAL: $

REQUIRED BY APPLICANT

RESIDENTIAL: —
COMMERCIAL: ✓
EXISTING USE: Furn. Store
PROPOSED USE: Halloween Store

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 _____ MATERIAL _____

HEIGHT: 5' (*IF APPLICABLE)

OTHER _____

DESCRIPTION: Two store front building signs: 5' and 4'

ZONING REVIEW:
DATE REVIEWED: 8/4/14 DATE DENIED: — DATE APPROVED: 8/4/14 INTLS: SG

(SEE BACK PAGE)

OFFICE USE ONLY

RECEIVED
AUG 0 4 2014
ZONING

SE/2S

ZONING REVIEW:

DATE REVIEWED: 8/4/14 DATE DENIED: — DATE APPROVED: 8/4/14 INTLS: SE/2S

DATE:	COMMENTS:	INITIALS:

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:
Application Number: ZA-14-00937
Application Date: 07/31/2014
Project Number:
Permit Number:
Fee: $50

Zoning Permit

Worksite Location: **56 CHAMBERS BRIDGE RD.**
Brick Plaza - Space 43A
Brick Township, NJ 08723

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

Owner: **FEDERAL REALTY INVESTMENT TRUST**
Address: **1626 EAST JEFFERSON ST**
ROCKVILLE, NJ 20852

Applicant: **Spirit Halloween (Amber Scott)**
Address: **6826 Black Horse Pike**
Egg Harbor Twp, NJ 08234

Application Approved Date: 08/04/2014

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

Use is: Retail Store -"Spirit Halloween" store (former Ethan Allen Furniture).
Nonconforming Use is:

Work Description:

Sign - Two (2) facade signs:

Front: 4' x 28', "Spirit Halloween".

Side: 5' x 32", "Spirit Halloween".

The total sign area shall not exceed 15% of the total facade area.

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

Sean Kinnevy — 08/04/2014

Zoning Officer Sean Kinnevy — Date

Michael P. Fowler — 8/6/14

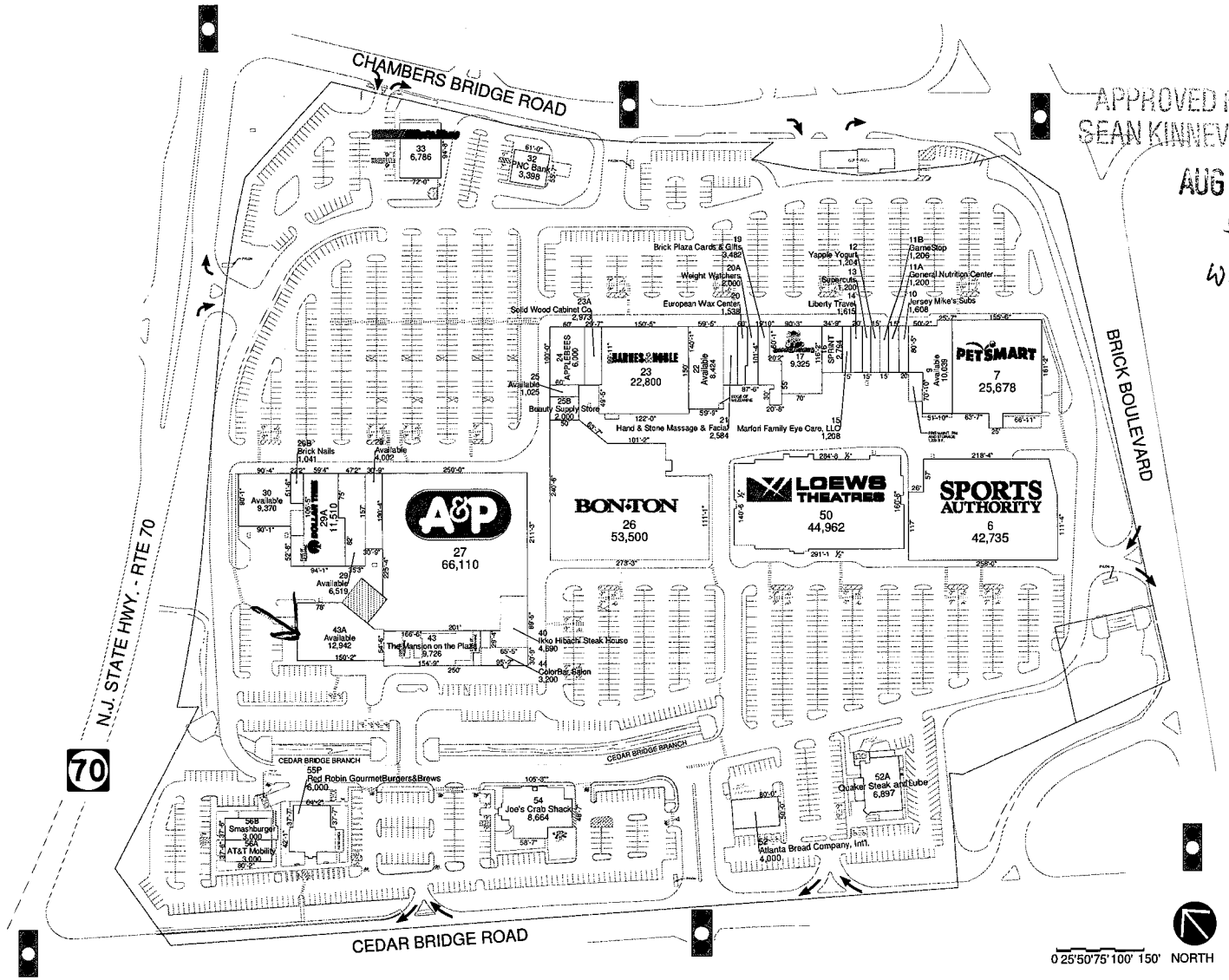
Michael P. Fowler, Township Planner — **Date**

BRICK PLAZA

Brick, NJ

GLA 416,000 SF

Federal Realty INVESTMENT TRUST



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
AUG 04 2014
Sign
Wall Signs

Corporate Headquarters 1626 East Jefferson Street, Rockville, MD 20852 PH 301.998.8100 FX 800.658.8980 www.federalrealty.com

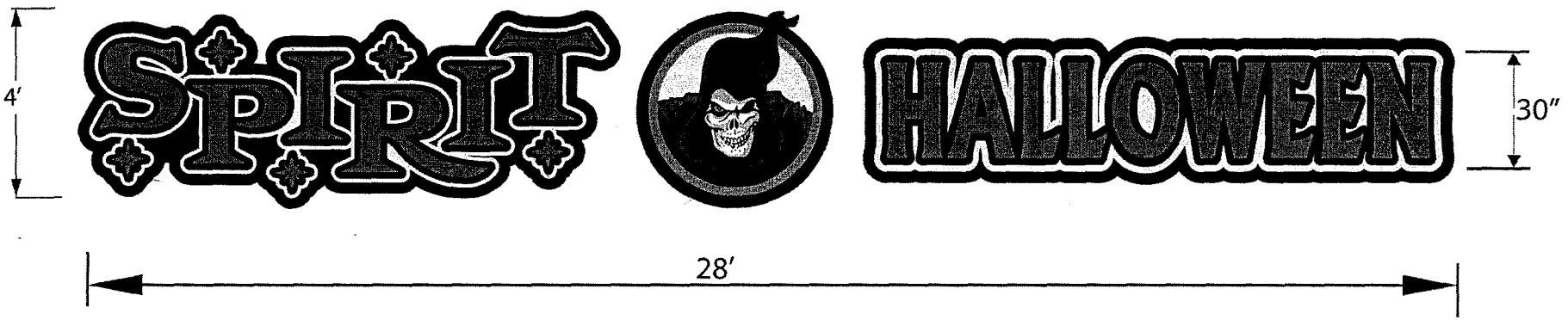
Regional Office 50 East Wynnewood Road, Suite 200, Wynnewood, PA 19096 PH 610.896.5870 FX 610.896.5876

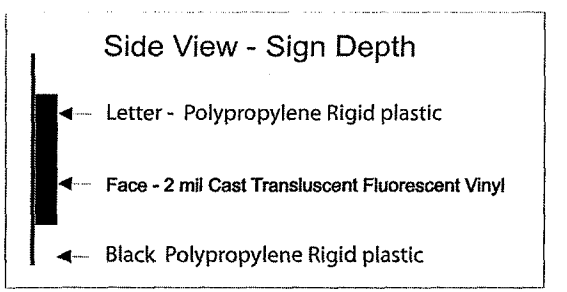
The parties acknowledge that this Plan is for identification purposes only and does not constitute any covenant, representation, or warranty by Landlord that any existing or future conditions shown exists, or that, if they do exist, will continue to exist through out all or any part of the Lease term, except to the extent such covenant, representation or warranty is expressly set forth in the Lease.

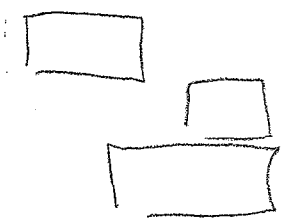
APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
AUG 04 2014
5926

3D Letter Sign
Job Specifications

Job #: 14-664







Installation Guide

Flush mount to wall or solid surface
Attach Panel with appropriate fastener for wall surface

* EIFS	5"	Zinc coated coarse thread screw
* Metal	1"	#10 self tapping screw
* Masonry	2.5"	Tapcon or compatible masonry screw

Sign Type	Die cut 3D	Back Color	Matte Black
Sign Depth	2" Thick	Letter Color	Fluorescent Orange
Letter Size	30" on HALLOWEEN	Outline Color	Fluorescent Yellow
Mounting	Flush to building	Return Color	Black

Date:	Project: Spirit Halloween	Hightech Signs - Corporate Offices 3205 Clairmont Court Fort Wayne, IN 46808 www.hightech-signs.com 888.929.0531
Location:	Designer: JWT	

3.2

Job No. 14-664 Sheet No. Cover
By ACK Date 6/14

FILE COPY

CARUSO TURLEY SCOTT
structural engineers

CLIENT:
Spencer Gifts
6826 Black Horse Pike
Egg Harbor Township, NJ 08234

PROJECT:
Spirit Halloween Sign Connection
110 Brick Plaza
Brick, NJ 08723

STRUCTURAL ENGINEERING EXCELLENCE

PARTNERS
Richard Turley, PE
Paul Scott, PE, SE
Sandra Herd, PE, SE, LEED AP
Chris Atkinson, PE, SE, LEED AP
Thomas Morris, PE, LEED AP
Richard Dahlmann, PE

GENERAL INFORMATION:

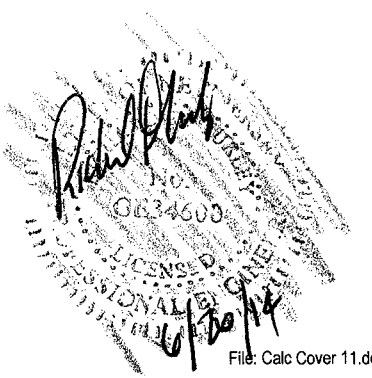
BUILDING CODE: IBC 2009 with State of New Jersey Amendments
WIND: 112 MPH, EXPOSURE C

INDEX

TOWNSHIP OF BRICK
RELEASED FOR PERMIT INITIAL DATE
Buiiding Subcode _____ 09/05/14
Fire Subcode _____
Electrical Subcode _____
Plan Reviewer _____
Plans Released _____
Construction Official _____

1215 W. Rio Salado Pkwy.
Suite 200
Tempe, AZ 85281
T: (480) 774-1700
F: (480) 774-1701
www.CTSAZ.com

FILE COPY



YOUR STRUCTURAL ENGINEERING EXPERTS

CARUSO
TURLEY
SCOTT
consulting
structural
engineers

1215 W. Rio Salado Pkwy.
Suite 200
Tempe, AZ 85281
T: (480) 774-1700
F: (480) 774-1701

Job Name Spencer Gifts-Spirit Sign Connection
Brick, NJ

Job No. 14-664 Sheet No. i

By ACK Date 6/17/14

DESIGN ASSUMPTIONS

For this design it is assumed that masonry exists below the EIFs. If the site conditions are different then what is specified in the details/calculations the structural engineer should be contacted immediately.

YOUR STRUCTURAL ENGINEERING EXPERTS

CARUSO
TURLEY
SCOTT
consulting
structural
engineers

1215 W. Rio Salado Pkwy.
Suite 200
Tempe, AZ 85281
T: (480) 774-1700
F: (480) 774-1701

Job Name Spencer Gifts Spirit Sign Brick, NJ

Job No. 14-664 Sheet No. 1.1

By ACK Date 6/16/2014

BASIS FOR DESIGN

BUILDING CODE:

2009 IBC NEW JERSEY EDITION
ASCE 7-05 MINIMUM DEISGN LOADS FOR BUILDINGS AND OTHER STRUCTURES

WIND:
OCCUPANCY CATEGORY: II
WIND IMPORTANCE FACTOR: 1.00
3 SECOND WIND GUST V_{ult} = 112 MPH. (SEE SHEET 1.2 FOR MORE INFORMATION)
EXPOSURE C.

Job #: 14-664

1.2

WINDSPEED BY LOCATION

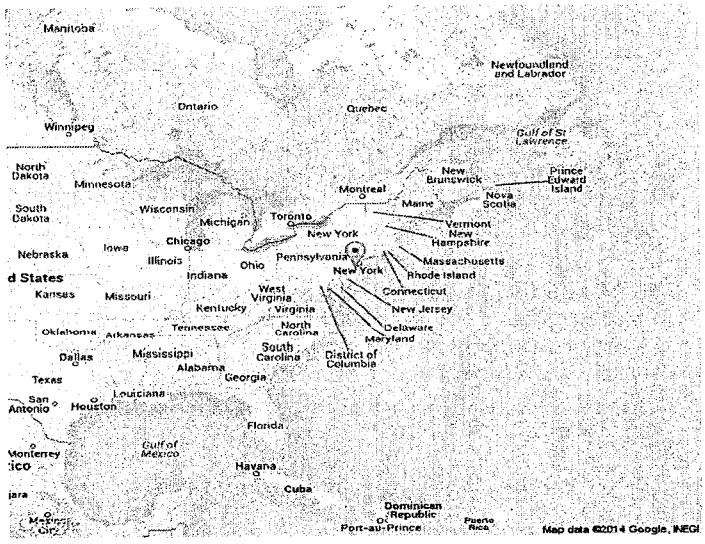
Applied Technology Council

Search Results

Latitude: 40.0584
Longitude: -74.1410

ASCE 7-10 Wind Speeds (3-sec peak gust MPH*):

Risk Category I: 111
Risk Category II: 122
Risk Category III-IV: 132
MRI 10 Year:** 76
MRI 25 Year:** 87
MRI 50 Year:** 93
MRI 100 Year:** 99



ASCE 7-05: 112
ASCE 7-93: 84

Design Wind Speed.

*MPH(Miles per hour)

**MRI Mean Recurrence Interval (years)

Users should consult with local building officials to determine if there are community-specific wind speed requirements that govern.

WIND SPEED WEB SITE DISCLAIMER:

While the information presented on this web site is believed to be correct, ATC assumes no responsibility or liability for its accuracy. The material presented in the wind speed report should not be used or relied upon for any specific application without competent examination and verification of its accuracy, suitability and applicability by engineers or other licensed professionals. ATC does not intend that the use of this information replace the sound judgment of such competent professionals, having experience and knowledge in the field of practice, nor to substitute for the standard of care required of such professionals in interpreting and applying the results of the wind speed report provided by this web site. Users of the information from this web site assume all liability arising from such use. Use of the output of this web site does not imply approval by the governing building code bodies responsible for building code approval and interpretation for the building site(s) described by latitude/longitude location in the wind speed report.

Sponsored by the ATC Endowment Fund Applied Technology Council 201 Redwood Shores Parkway, Suite 240 Redwood City, California 94065 (650) 595-1542

YOUR STRUCTURAL ENGINEERING EXPERTS

CARUSO TURLEY SCOTT consulting structural engineers

1215 W. Rio Salado Pkwy.
Suite 200
Tempe, AZ 85281
T: (480) 774-1700
F: (480) 774-1701

Job Name Spencer Gifts Spirit Sign Brick, NJ

Job No. 14-664 Sheet No. 1.3

By ACK Date 6/16/2014

WIND PRESSURE:

Per ASCE 7-05 the sign will be treated as components & cladding for the purpose of determining the wind pressure.

Velocity pressure=$q_h=0.00256K_hK_{ht}K_dV^2I$ (ASCE 7-05, Eq. 6-15)

K_h=0.90 (For Exp. C, Table 6-3, ASCE 7-05)
K_{ht}=1.0 (Section 6.5..7.2, ASCE 7-05)
K_d=0.85 (Table 6-4, C & C, ASCE 7-05)
I=1.0
V=112 mph (Per ASCE 7-05)

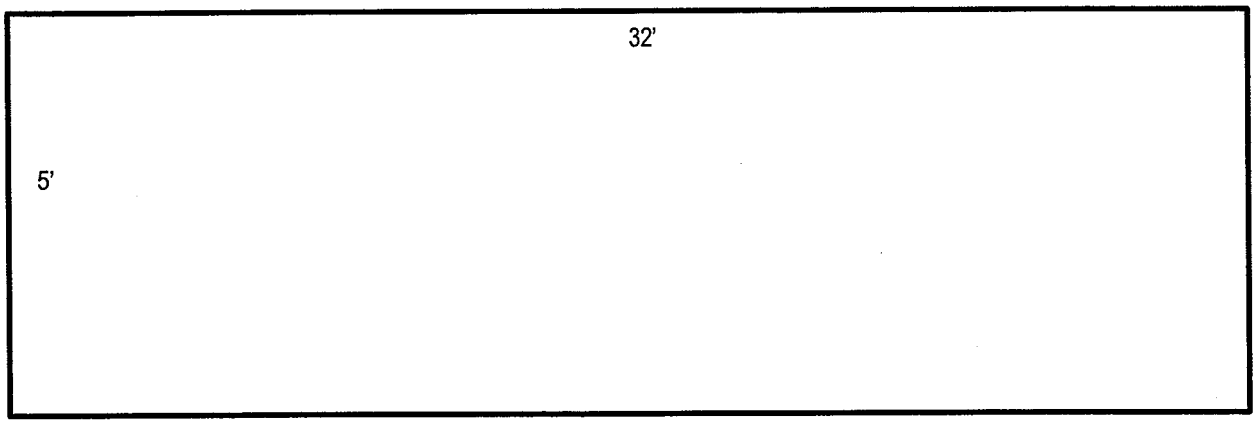
$q_h=0.00256*0.90*1.0*0.85*1.0*(112\ mph)^2=24.6$ psf

For components and cladding

$p=q_h[(GC_p)-(GC_{pi})]$ (ASCE 7-05, Eqn. 6-22)

GC_{pi}=0 since the sign is mounted flush to the building and the sign will not experience any internal wind pressure.

Sign Dimensions (for more information see sheets 3.1-3.2):



Effective Area=5'*32'=160 ft².

GCp=-0.9 (ASCE 7-05,Figure 6-11A, Zone 4,EA=160 ft²)

P=(24.6 psf)*(0.9)=**22.1 psf (Design Wind Pressure)**

YOUR STRUCTURAL ENGINEERING EXPERTS

CARUSO TURLEY SCOTT consulting structural engineers

1215 W. Rio Salado Pkwy.
Suite 200
Tempe, AZ 85281
T: (480) 774-1700
F: (480) 774-1701

Job Name Spencer Gifts Spirit Sign Brick, NJ

Job No. 14-664 Sheet No. 14

By ACK Date 6/16/2014

SNOW LOAD: The sign is only 2" thick and will be mounted flush to the existing building so there is no need to consider any snow load on the sign.

Force on Sign

Wind:

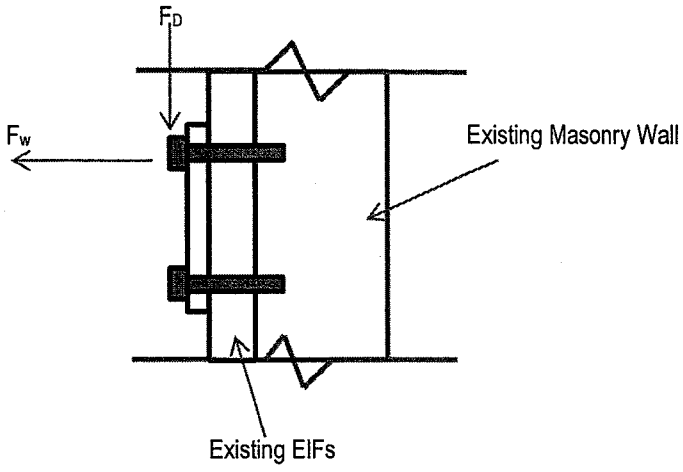
- A=160 ft^2
- P=22.1 psf
- F_w=(20.7 psf)*160 ft^2=3538 lbs

Dead Load:

- Density of Plastic ≈ 65 pcf
- Volume of Sign= (160 ft^2)*(2"/12")=27 ft^2
- F_D=(65 pcf)*(27 ft^2)=1755 lbs

Sign Connection Design

Load Combination: D+W (Eqn. 16-12 2009 IBC New Jersey Edition)



YOUR STRUCTURAL ENGINEERING EXPERTS

CARUSO
TURLEY
SCOTT
consulting
structural
engineers

1215 W. Rio Salado Pkwy.
Suite 200
Tempe, AZ 85281
T: (480) 774-1700
F: (480) 774-1701

Job Name Spencer Gifts Spirit Sign Brick, NJ

Job No. 14-664 Sheet No. 15

By ACK Date 6/16/2014

Sign Connection Design continued

Per ICC ESR-2682 for a 5/16" diameter (embedded 2") Hilti HIT-HY 70 the allowable tension load is

Allowable Tension Load= 390 lbs/anchor (tension will govern over shear)

Number of Screws Required= 3538 lbs/390 lbs/anchor= 9 anchors ≈ 10 anchors

Use 10 Hilti HIT-HY 70 anchors (min.) around the perimeter of the sign (5 screws along the top and bottom of the sign).

2.1

TABLE 6—ALLOWABLE ADHESIVE BOND TENSION AND SHEAR LOADS FOR THREADED RODS IN THE FACE OF HOLLOW CONCRETE MASONRY UNITS (POUNDS)[1,3,7,9]

Anchor Diameter (inches)	Embedment (inches)[2]	Tension Load[4,5,8]	Critical and Minimum Edge Distance for Tension, c_{cr} and c_{min} (inches)	Shear Load at c_{cr}[4,5,8]	Edge Distances for Shear[6]		
					Critical, c_{cr} (inches)	Minimum, c_{min} (inches)	Load Reduction Factor
1/4	2	220	4	355	4	4	1.00
5/16	2	390	4	630	12	4	0.73
3/8	2	390	4	645	12	4	0.73
1/2	2	390	4	670	12	4	0.73

All. Tension load

TABLE 7—ALLOWABLE ADHESIVE BOND TENSION AND SHEAR LOADS FOR HIT-IC INSERTS IN THE FACE OF HOLLOW CONCRETE MASONRY UNITS (POUNDS)[1,3,7,9]

Anchor Diameter (inches)	Embedment (inches)[2]	Tension Load[4,5,8]	Critical and Minimum Edge Distance for Tension, c_{cr} and c_{min} (inches)	Shear Load at c_{cr}[4,5,8]	Edge Distances for Shear[6]		
					Critical, c_{cr} (inches)	Minimum, c_{min} (inches)	Load Reduction Factor
5/16	2	415	4	605	12	4	0.80
3/8	2	480[5]	4	620	12	4	0.78
1/2	2	495[5]	4	620	12	4	0.75

For **SI:** 1 inch = 25.4 mm, 1 lbf = 4.45 N, 1 psi = 6.89 kPa.

The following footnotes apply to both Tables 6 and 7:

[1] All values are for anchors installed in hollow concrete masonry with minimum masonry strength of 1500 psi. Concrete masonry units must be light-, medium, normal-weight conforming to ASTM C90. Allowable loads have been calculated using a safety factor of 5.

[2] Tabulated embedment depth is limited by the length of the plastic HIT-SC screens.

[3] Anchors must be installed in the face of the hollow CMU masonry wall. A maximum of two anchors may be installed in a single cell of the hollow CMU block.

[4] Tabulated values are for one anchor installed in the cell of the hollow CMU. Installation in other locations of the hollow CMU (mortar joints, flange, or cell web) is not permitted.

[5] The minimum spacing, s_{min}, for which values are available and installation is permitted is 4 inches. Two anchors installed in adjacent cells may be spaced as close as 4 inches apart with no reduction in tension or shear capacity. Two anchors installed in the same cell can be spaced as close as 4 inches apart with no reduction in shear capacity. For two anchors installed in the same cell spaced as close as 4 inches apart, the 3/8-inch and 1/2-inch diameter HIT-IC inserts require a 20% reduction in the tension capacity, and the 5/16-inch diameter HIT-IC insert requires no reduction in tension capacity.

[6] The critical edge distance, c_{cr}, is the edge distance where full load values in the table may be used. The minimum edge distance, c_{min}, is the minimum edge distance for which values are available and installation is permitted. Edge distance is measured from the center of the anchor to the closest edge.

[7] Anchors are not recognized for resisting earthquake forces. When using the basic load combinations in accordance with IBC Section 1605.3.1, or the alternative basic load combinations in IBC Section 1605.3.2, tabulated allowable loads must not be increased for wind loading.

[8] Allowable loads must be the lesser of the adjusted masonry or bond values tabulated above and the steel values given in Table 10.

[9] Tabulated allowable bond loads must be adjusted for increased base material temperatures in accordance with Figure 1, as applicable.

TOWNSHIP OF BRICK

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

John G. Ducey, Mayor

Township Council:
Susan Lydecker - President
Jim Fozman – Vice President
Heather deJong
Bob Moore
Paul Mummolo
Marianna Pontoriero
Andrea Zapcic

Department of Land Use and Community Development
Division of Land Use & Planning
732-262-1027
Fax: 732-262-2941

www.twp.brick.nj.us

Date: 6/2/14

ENGINEERING
PLOT PLAN EXEMPT FORM
(ONLY IF NOT IN A FLOOD ZONE)

Block: 1071 Lot: 1.01

Property Address: 56 Chambersbridge road STE 437

I, Amber Scott (name) of 6826 Black Horse Pike (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Township Code, Chapter 245, Section 245-29.

Amber Scott
Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

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

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: _____ Signed: _____

Rejected on: _____ Signed: _____

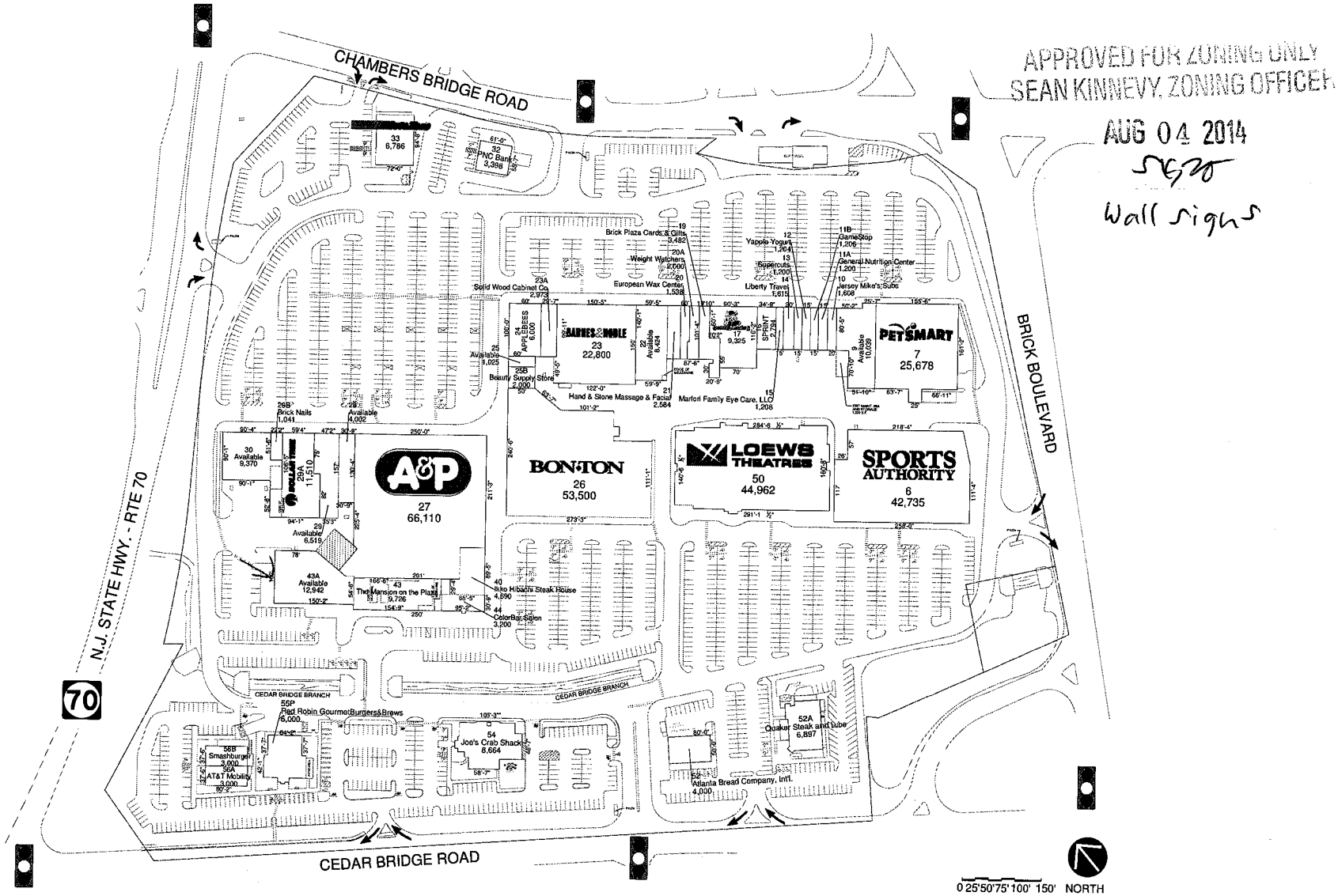
Comments:

BRICK PLAZA

Brick, NJ

GLA 416,000 SF

Federal Realty INVESTMENT TRUST



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
AUG 04 2014
5620
Wall signs

Corporate Headquarters 1626 East Jefferson Street, Rockville, MD 20852 PH 301.998.8100 FX 800.658.8980 www.federalrealty.com

Regional Office 50 East Wynnewood Road, Suite 200, Wynnewood, PA 19096 PH 610.896.5870 FX 610.896.5876

The parties acknowledge that this Plan is for identification purposes only and does not constitute any covenant, representation, or warranty by Landlord that any existing or future conditions shown exists, or that, if they do exist, will continue to exist through out all or any part of the Lease term, except to the extent such covenant, representation or warranty is expressly set forth in the Lease.

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 671 LOT: 1.01 ADDRESS: 36 Chimbersbridge Road STE 42A

IDENTIFICATION:

1. WORK SITE ADDRESS: 36 Chimbersbridge Road
2. NAME OF OWNER IN FEE: Federal Realty
   ADDRESS: 50 East Wynnewood Rd PHONE #: (__) _____
   Wynnewood PA 19096 FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: Spirit Halloween (Amber Scott)
   ADDRESS: 6826 Black Horse Pike PHONE #: (732) 573-5476
   Egg Harbor Twp NJ 08234 FAX #: (__) _____
4. ARCHITECT OR ENGINEER: _____
   ADDRESS: _____ PHONE: # (__) _____
5. RESPONSIBLE PERSON FOR WORK: Amber Scott
   ADDRESS: 6826 Black Horse Pike Egg Harbor Twp NJ 08234

PHONE #: (732) 573-5476 FAX #: (__) _____ E-MAIL: _____

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

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☐ OTHER _____

LENGTH: _____ WIDTH: _____ HEIGHT: _____

ENGINEERING REVIEW:

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