BLOCK 671 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) 56 Chambers Bridge Rd PERMIT NO 07-3699

CONSTRUCTION PERMIT APPLICATION

107-004913

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

I. IDENTIFICATION

1. Proposed Work Site at: ~~74 Brick Plaza~~ 56 Chambers Bridge Rd
2. Name of Owner in Fee: KRISTINE LOPES
   Tel. (610) 896 5870 e-mail _____
   Address FEDERAL REALTY, P.O. Box 8500-9320, PHILADELPHIA
   street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Prought Elect. Co Tel. (609) 799-3261
   Address 1431 So. 8th St. Phila. Pa. 19147 e-mail _____
   License No. OR, if new home, Builder Reg. No. 677313 Exp. Date 3/31/09
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 37-1461155 FAX: (609) 799-1395
5. Architect or Engineer _____ Contact _____
   Address N/A e-mail _____
   Tel. (___) _____ FAX: (___) _____
6. Responsible Person in Charge once Work has Begun David Wong
   Tel. (570) 977-55-83 FAX: (609) 799-1395

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 40 135		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$ 11		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other ZA	30		
13. TOTAL	$ 149		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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

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		[illegible]	10/4/07		11-21-07	[illegible]			
☒ Electrical	1500				11 21 07	[illegible]			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Cnw	11/5/07		11/5/07	[illegible]			
TOTAL COSTS	1500								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: *All Units* / *Income-restricted*
   Before Construction _____ / _____
   After Construction _____ / _____
   Net Gain or Loss _____ / _____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

C. MIXED USE -List secondary use(s):

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

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

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(X) Check if contractor.

Agent Name Prompt Elect Co.

Address 1431 So. 8TH St

Phila. Pa. 19147

Telephone (609) 799-3261

Signature _____

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

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials
10-5-7	LETTER OF ZONING DENIAL ISSUED	JC/20

☒ Zoning Application deemed complete Initialed: [illegible] Date: 10/5/07

☐ Zoning Application approved Initialed: _____ Date: _____

☐ Zoning permit updates:

IMPORTANT
A.H.B.T. - EXEMPT

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/24/2009
Control Number C-07-004913
Permit Number 07-3699
Permit Issue Date 11/27/2007
Certificate Number 07-3699

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ Block: 671 Lot: 8 Qual:

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE MD 20852

Telephone:

Contractor PROMPT ELECTRIC

Address 1451 SD 8TH ST PHILA PA 19147

Telephone: (609) 799-3261 Fax: (609) 799-1395

License Number or Builders Registration Number: Federal Emp. Number: 37-1461155

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SIGN INSTALLATION COMMERCIAL

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: 12/24/2009 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 11/27/2007
Control # C-07-004913
Permit # 07-3699

IDENTIFICATION Block: 671 Lot: 8 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:

Contractor: PROMPT ELECTRIC
Address: 1451 SD 8TH ST PHILA PA 19147

Telephone: (609) 799-3261
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 37-1461155

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 COMMERCIAL

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $3,000

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$40
Electrical	$75
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$4
CO Fee	
Other	$30
Total	$149
Check No.	
Cash	$149
Credit	$0
Collected By	Stephanie Capozzi

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [ ] Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [ ] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued

Permit #

IDENTIFICATION Block 671 Lot 8 Qualification Code

Work Site Location Martini Family EyeCare
20 Brick Plaza SE Chamberbridge Rd

Owner in Fee Federal Realty Inv. Trst
Address 50 E Wynnewood Rd
Ste 200 Wynnewood, PA.
Tel. (610) 896 5870

Contractor Rex Sign Company
Address 60 Steiner Ave
Neptune City, NJ 07753
Tel. (732) 774 1377
Lic. No. or Bldrs. Reg. No.
22-3437134

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 Sign

DESCRIPTION OF WORK: Manufacture + Install (1) Channel Letter Facade Sign -

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 $ 6000

Construction Official

Date

PAYMENTS (Office Use Only)

Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA State Permit Fee
Cert. of Occupancy
Other
Total
Check No.
Cash
Collected by

U.C.C. F170 (rev. 01/04)

(see reverse side)

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

OCS Printing (609) 398-4375

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued

Permit #

IDENTIFICATION Block 671 Lot 8 Qualification Code

Work Site Location Martini Family Eyecare 70 Brick Plaza SC Chambersburg NJ

Owner in Fee Federal Realty Inv. Trust

Address 50 E Wynnewood Rd Ste 200 Wynnewood, PA.

Tel. (610) 896 5870

Contractor Flex Sign Company

Address 60 Straight Ave Neptune City NJ 07753

Tel. (732) 774 1377

Lic. No. or Bldrs. Reg. No. 22-3437134

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 Sign

DESCRIPTION OF WORK: Manufacture + install (1) Channel Letter Facade Sign +

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 $ 6000.

Construction Official

Date

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee

Cert. of Occupancy

Other

Total

Check No.

Cash

Collected by

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

OCS Printing (609) 398-4375

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee _____

Address _____

Tel. (_____) _____

Contractor _____

Address _____

Tel. (_____) _____

Lic. No. or Bldrs. Reg. 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:

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 $ _____

_____ _____

Construction Official Date

PAYMENTS (Office Use Only)

Building _____

Electrical _____

Plumbing _____

Fire Protection _____

Elevator Devices _____

Other _____

DCA State Permit Fee _____

Cert. of Occupancy _____

Other _____

Total _____

Check No. _____

Cash _____

Collected by _____

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

OCS Printing (609) 398-4375

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee _____

Address _____

Tel. (_____) _____

Contractor _____

Address _____

Tel. (_____) _____

Lic. No. or Bldrs. Reg. 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:

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 $ _____

_____ _____

Construction Official Date

PAYMENTS (Office Use Only)

Building _____

Electrical _____

Plumbing _____

Fire Protection _____

Elevator Devices _____

Other _____

DCA State Permit Fee _____

Cert. of Occupancy _____

Other _____

Total _____

Check No. _____

Cash _____

Collected by _____

U.C.C. F170 (rev. 01/04)

(see reverse side)

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

CCS Printing (609) 398-4375

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

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☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 11/27/07
Permit # 07-3699

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

Block ~~3601~~ 671 Lot ~~102~~ 8 Qualification Code
Work Site Location ~~74 Brick Plaza~~ 56 Chambers St

Owner in Fee KRISTINE LOPES
Address FEDERAL REALTY INV TRUST
P.O. Box 8500-9320 PHILADELPHIA PA 19178
Tel. (610) 896-5870
Contractor CCHO
Address BROOKLYN, N.Y 11214

Tel. (____) ____ FAX (____) ____
Contractor License No. or Builder Registration No. ____
Federal Emp. No ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	11-21-07	[illegible]
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12/22/09
Approved by: [illegible]

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			12/21/09	[illegible]
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class 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.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $____
2. Rehabilitation $____
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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

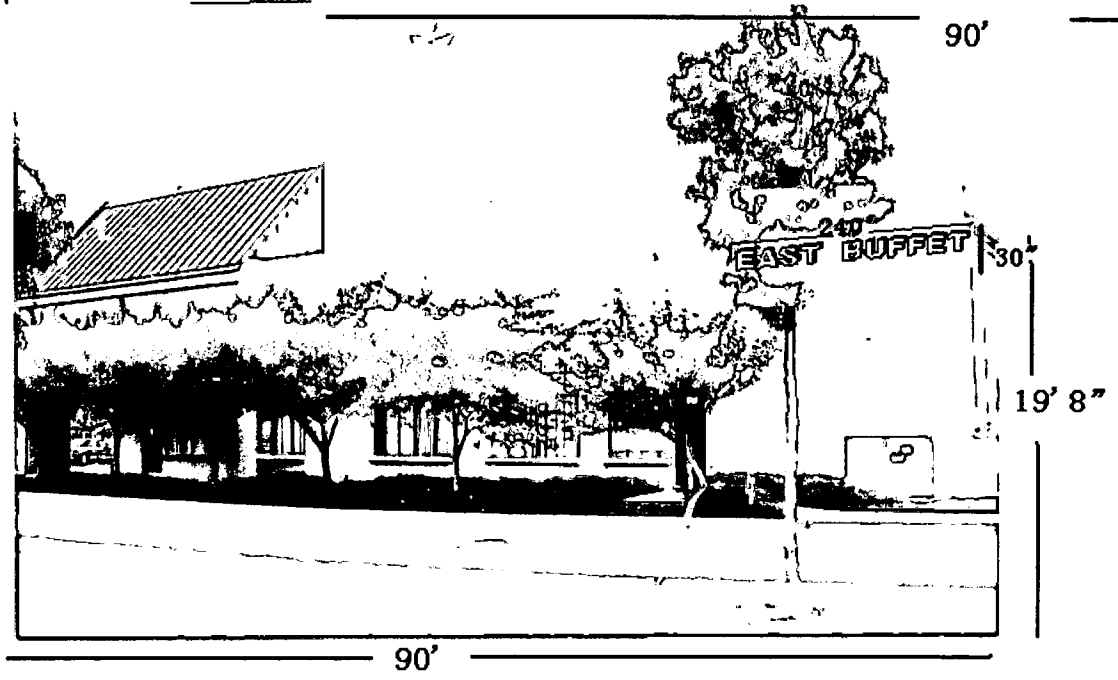
Sign

COMMERCIAL

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (exceeds 6')
[X] Sign 20 Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other ____
[ ] Demolition

FEE (Office Use Only)
$ ____

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



APPROVED FOR
SEAN KINNEY, ZONING OFFICER
OCT 29 2007

10/2/07.

NEW SHUNDA SIGN INC.
25 ESSEX STREET
NEW YORK, NY 10002
TEL:212-420-8860
FAX:212-420-0994

30" 240"

EAST BUFFET

30" ILLUMINATED CHANNEL LETTER

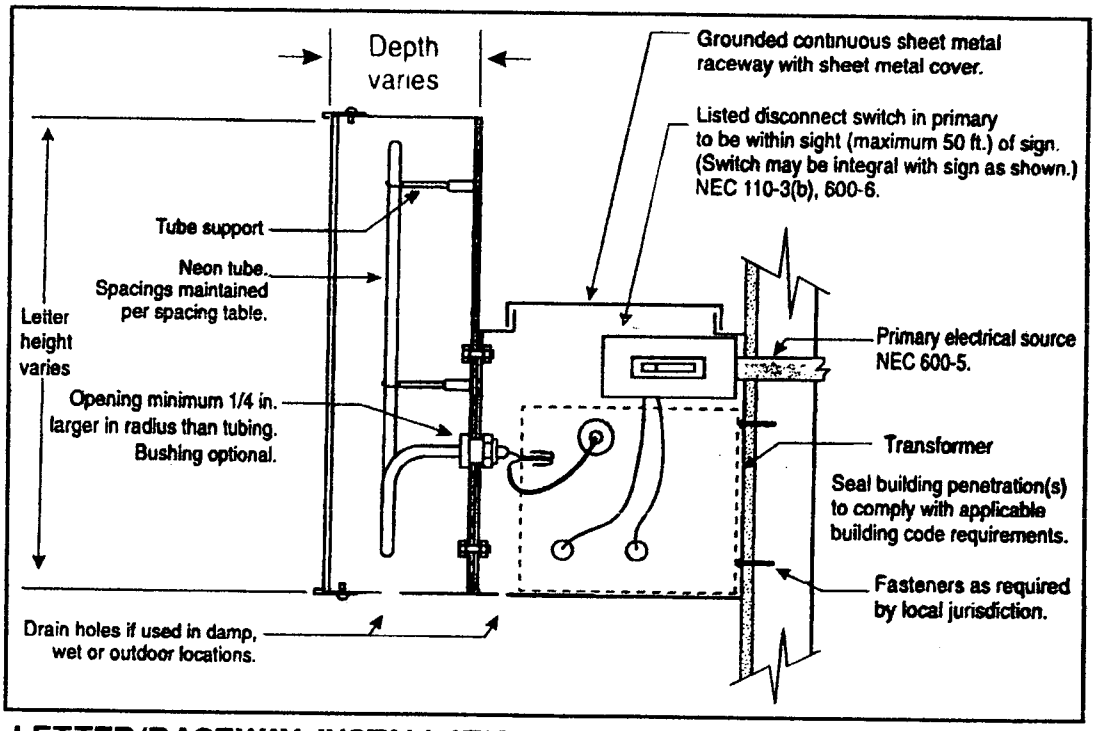
SIGNAGE DETAILS

* 30" INDIVIDUAL CHANNEL LETTER
* 0.040 GRAY ALUMINUM RETURN
* 1/8" WHITE PLEXIGLASS FACE
* 1" BLACK PLASTIC TRIM-CAP
* WHITE 15MM NEON TUBING
* ALL LETTERS W. U/L LABLE
* TRANSFORMER WILL BE CONCEALED

GTO. 15,000V
CABLE NO. E106284
WESTRIM PRODUCTS INC.

P-K HOUSING
NEON ELCTRODE RECEPTACLE
U/L LISTED 932K
P-K 75,000 VOLTS
MFG. BY
PETERSON ELCTRODE RECEPTACLE
BERKELEY, CA 94710

NEON TRANSFORMERS
CAT. NO. 4815N3-02
H2-60 W. 250
PRI. V-120 A-3.8
SEC. V-15,000 MA-30
U/L LISTED ISSUE D01051



LETTER/RACEWAY INSTALLATION DETAIL

NO SCALE

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
OCT 29 2007

10/2/07

Before:30' x 30" = 75'
Current:20' x 30" = 50'

Sign Before:390pd
Current: 200pd

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 11/27/07
Date Issued
Control #
Permit # 07-3699

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

Block 3801A 671 Lot 102 8
Work Site Location ~~74 BRICK PLAZA~~ 36 Chambers Bridge Rd
Owner in Fee/Occupant KRISTINE LOPES
Address FEDERAL REALTY P.O. BOX 8500-9320 Phila, Pa.
Tele. (610) 896-5-870
Contractor Prompt elect. Co.
Address 1431 50. 8TH St
Phila. Pa. 19147
Tele. (609) ~~499-3261~~ Fax (609) 799-1395
Lic. No. 6173B
Federal Emp. No. 37-1466455

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed EAST BUFFET
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 4600

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 12107
Approved by: MW

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12-16-9
Approved by: [illegible]

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	4/1/08 BS		12-11-07	DD

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's ~~Seal and~~ Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
4		Switches NEON Signs	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
4		.....	
		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	
		KW Elec. Sign/Outline Light	
4	1-1	KW FOR 4 Neon Transformers	

CONVENIENCE

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

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

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

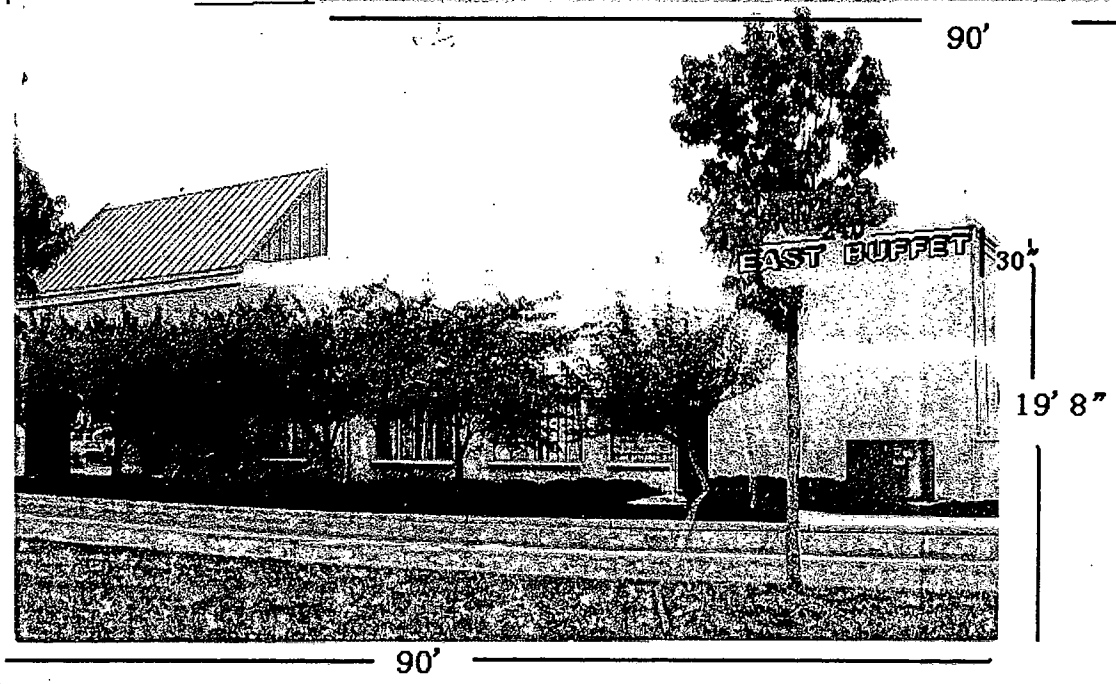
① 1/4/07 CONTRACTOR TO PROVIDE MIN NEC AND UCC CODE REQUIREMENTS. AND:

A SHOW LISTING ON EACH LETTER OF EACH SIGN X2

B ~~OR~~ METAL TROUGH PART OF SIGN.

SHOW INSULATORS AT NEON FEED THROUGH CEILING.

REPORT MAILED TO EC + OWNER.



APPROVED
SEAN KINSEY, ZONING ADMIN
OCT 29 2007

10/2/07.

NEW SHUNDA SIGN INC.
25 ESSEX STREET
NEW YORK, NY 10002
TEL:212-420-8860
FAX:212-420-0994

30" 240"

EAST BUFFET

30" ILLUMINATED CHANNEL LETTER

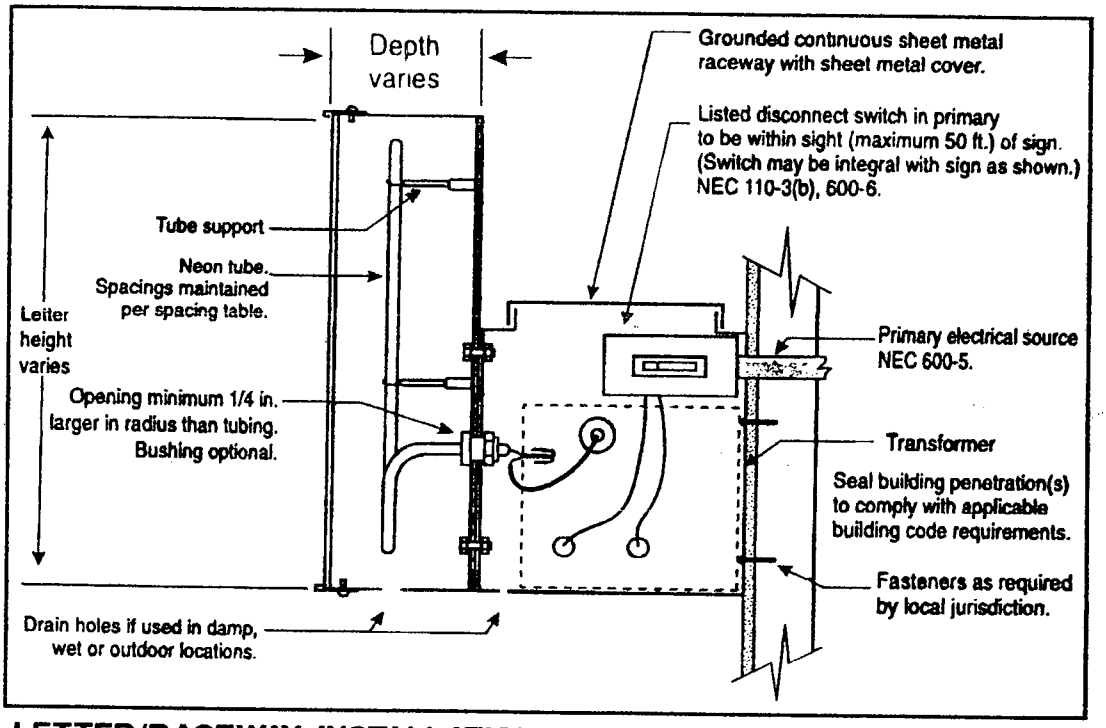
SIGNAGE DETAILS

* 30" INDIVIDUAL CHANNEL LETTER
* 0.040 GRAY ALUMINUM RETURN
* 1/8" WHITE PLEXIGLASS FACE
* 1" BLACK PLASTIC TRIM-CAP
* WHITE 15MM NEON TUBING
* ALL LETTERS W. U/L LABLE
* TRANSFORMER WILL BE CONCEALED

GTO. 15,000V
CABLE NO. E106284
WESTRM PRODUCTS INC.

P-K HOUSING
NEON ELCTRODE RECEPTACLE
U/L LESTED 932K
P-K 75,000 VOLTS
MFG. BY
PETERSON ELCTRODE RECEPTACLE
BERKELEY, CA 94710

NEON TRANSFORMERS
CAT. NO. 4B15N3-02
H2-60 W. 250
PRI. V-120 A-3.8
SEC. V-15,000 MA-30
U/L LISTED ISSUE D01051



LETTER/RACEWAY INSTALLATION DETAIL
NO SCALE

APPROVED
SEAN KR...
OCT 29 2007

10/2/07

Before:30' x 30" = 75'
Current:20' x 30" = 50'

Sign Before:390pd
Current: 200pd

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 04/24/2007
Control Number C-07-000725
Permit Number 07-0996

Construction Inspection

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ
Block: 671
Lot: 8
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST
Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE MD 20852
Telephone: (610) 896-5870

Inspection Details

Start Date: 04/01/2008
Start Time:
Subcode:
Inspector: Paul Grosko
Inspection Level: Progress inspection
Inspection Type: Final
Result: Fail
Result Comments:

EC TO PROVIDE MIN. NEC AND UCC CODE REQUIREMENTS, AND:

SHOW PROPER SIGH LISTING.

REMOVE ALL ENERGIZED OUTDOOR ZIP EXTENTION CORDS ALONG WITH FLYING SPLICES FEEDING ROOF XMAS LIGHTING.

CHECK JOB AND CALL FOR REQUIRED INSPECTIONS.

REPORT TO EC, MARFORI FAMILY EYE CARE, AND FEDERAL REALTY.

Inspection Comment:

RECEIVED
OCT 5 2007
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 380 19 LOT 1.02 QUALIFIER

PROPERTY ADDRESS 74 Brick Plaza #30 (East Buffet)

PERSONAL NAME OF APPLICANT Sau Wong

BUSINESS NAME OF APPLICANT East Buffet

MAILING ADDRESS OF APPLICANT East Buffet P.O Box 8800 9320 Philadelphia PA 19178

PROPERTY OWNER'S FULL NAME Kristine Lopes

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☑ Commercial (please describe) Jumbo China Buffet (Restaurant)

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☑ Commercial (please describe) (Restaurant) East Buffet

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☑ Alteration
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☑ above-ground
☑ Other (please describe) SIGN 1

CHECKLIST

☑ All information completed above
☑ Two (2) copies of a 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 that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

COMMERCIAL

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

SIGNATURE OF APPLICANT _____ Date 9/28/07

Reviewed by Zoning Office _____ Date 10/5/07 ( ) Approved ( ) Denied

10/4/07

March 2003

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

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

Block [illegible] Lot [illegible]
Work Site Location [illegible]
Owner in Fee/Occupant [illegible]
Address [illegible]
Tele. ( ) [illegible]
Contractor [illegible]
Address [illegible]
Tele. ( ) [illegible] Fax ( ) [illegible]
Lic. No. [illegible]
Federal Emp. No. [illegible]

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
4		Switches NEW SIGN	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
11		.....	
		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	
		KW Elec. Sign/Outline Light	
2	1.1	KW [illegible] New	
		Transformers	

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

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

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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

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

Block _____ Lot _____

Work Site Location _____

Owner in Fee/Occupant _____

Address _____

Tele. ( ) _____

Contractor _____

Address _____

Tele. ( ) _____ Fax ( ) _____

Lic. No. _____

Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

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

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

_____

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
4		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
4		.....	
		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	
		KW Elec. Sign/Outline Light	
4	11	KW [illegible]	
		.....	

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

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

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

DATE	JOB CONDITION / COMMENTS

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 11-27-07
Permit # 7-11,99

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

Block [illegible] Lot [illegible] Qualification Code _____
Work Site Location [illegible]

Owner in Fee KRISTINE LOPEZ
Address FEDERAL REALTY INV TRUST
P.O. Box 7506 • 12-21 PHILADELPHIA PA 19178
Tel. (610) 891-5870
Contractor C C N W
Address BROOKLYN, NY 11214
Tel. (_____) _____ FAX (_____) _____
Contractor License No. or Builder Registration No. _____
Federal Emp. No _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required 11-21-07 KM
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

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

SUBCODE APPROVAL
[ ] 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 _____
Constr. Class 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.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $_____
2. Rehabilitation $_____
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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

SIGN

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[✓] Sign 20 Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ _____

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee _____

Address _____

Tel. ( ) _____

Contractor _____

Address _____

Tel. ( ) _____ FAX ( ) _____

Contractor License No. or Builder Registration No. _____

Federal Emp. No _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	11-21-07	KMV
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class 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.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $_____
2. Rehabilitation $_____
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.

X _____
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[X] Sign 1 Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ _____

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

Township of Brick
Zoning Permit

Approved:	Monday, October 29, 2007	**Number:**	1291
Block	671	**Lot**	8
Zone:	B-3, Highway Dev.		

Property Address:	56 Chambers Bridge Road; Brick Plaza
Applicant:	David Wong; East Buffet
Property Owner:	Federal Realty Investment Trust
Existing Use:	Restaurant, "Jumbo China Buffet".
Proposed Use:	Restaurant, "East Buffet".
Proposed Construction:	Replace two (2) wall signs, 30" x 240", "East Buffet".
Conditions:	An additional zoning permit is required for any additional sign or banner, or any other additional work.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Principal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

OCT 29 2007

BLOCK ~~380.14~~ 671 LOT ~~1.02~~ 8 QUALIFIER Unit # 30

PROPERTY ADDRESS 56 Chambers Bridge RD Brick, NJ

PERSONAL NAME OF APPLICANT - - David Wong

BUSINESS NAME OF APPLICANT East buffet

MAILING ADDRESS OF APPLICANT P.O Box-8500-9320 Phila, PA 19176

PROPERTY OWNER'S FULL NAME Federal Realty Investment Trust

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) Jumbo China Buffet

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) East Buffet (Restaurant)

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☒ Alteration
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☒ Other (please describe) Sign

CHECKLIST

☑ All information completed above
☑ Two (2) copies of a 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 that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: **No partial, taped, faxed, reduced or enlarged copies can be accepted.**

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

SIGNATURE OF APPLICANT _____ Date 10/29/07

Reviewed by Zoning Office JC Date 10/29/7 (✓) Approved ( ) Denied

March 2003

JCB 10/29/07

TOWNSHIP OF BRICK

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

Department of Administration & Finance
Division of Land Use and Planning
Sean Kinnevy
Zoning Officer
732-262-1041
skinn@twp.brick.nj.us

Kate MacDonald
Asst.Zoning Officer
732-262-1043
Fax: 732-262-8954
kmacdon@twp.brick.nj.us
www.twp.brick.nj.us

October 5, 2007

San Wong
East Buffet
PO Box 8500 9320
Philadelphia, PA 19116

Re: East Buffet Sign Application 74 Brick Blvd. (Only for filing purpose)

Dear Mr. Wong,

Your zoning permit application for signs on the referenced property cannot be approved because the application is incomplete and inaccurate. Based on the information provided in the application, we do not know where the property is located.

A complete, accurate application must be filled out, signed by the applicant and submitted. All parts of the application must match.

If you have any questions regarding ownership of the property, the correct street address or block and lot numbers, please contact the Tax Assessor's office at 732-262-1069.

Please amend your application and submit the required information to LisaRose Tavalaiccio, Zoning Permit Clerk. Ms Tavalaiccio can be reached at 732-262-1046 for further information. We will then be able to review your application.

Very Truly Yours,

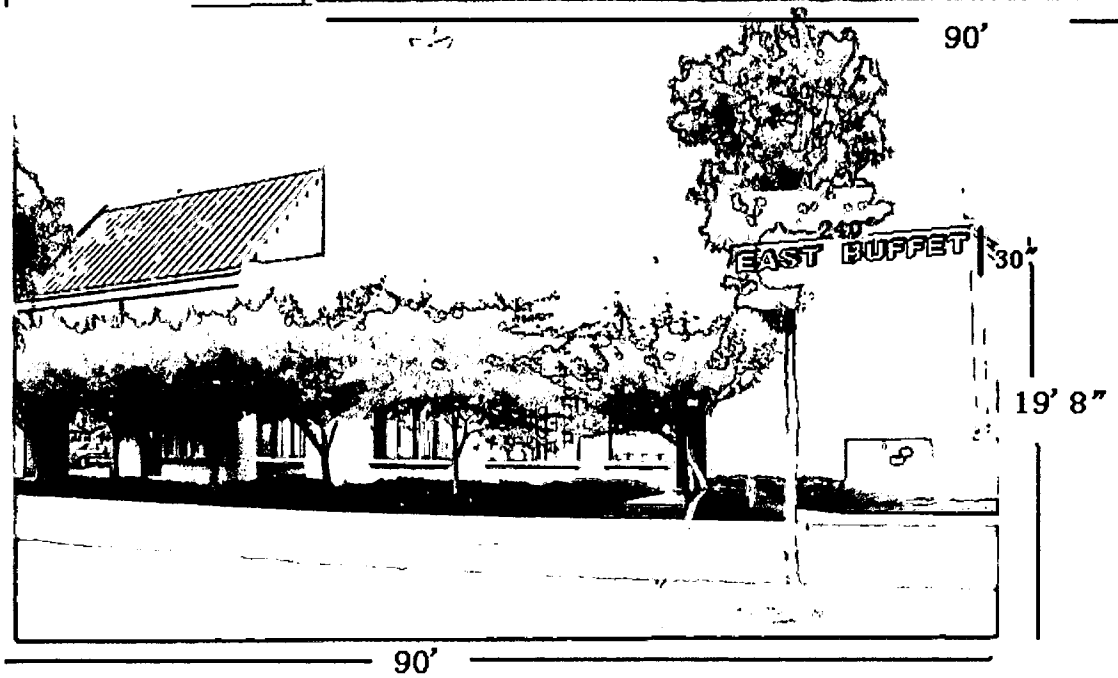
Kate MacDonald

Kate MacDonald
Assistant Zoning Officer

C: Michael Fowler, Principal Planner
Daniel Newman, Jr., Construction Official
Glenn Campbell, Administration
Zoning File

10/29/07 Resubmit KB

311 ACCESS BRICK TOWNSHIP



APPROVED FOR ACT
SEAN KINNEY, ZONING OFFICER
OCT 29 2007

10/2/07

STATE OF NEW JERSEY

Certificate of Authority

DIVISION OF TAXATION
TRENTON, N.J. 08695

The person, partnership or corporation named below is hereby authorized to collect:

NEW JERSEY SALES & USE TAX

pursuant to N.J.S.A. 54:32B-1 ET SEQ.

Robert K. Thompson
Director, Division of Taxation

This authorization is good ONLY for the named person at the location specified herein.
This authorization is null and void if any change of ownership or address is effected.

NEW SHUN DA SIGN INC
25 ESSEX STREET 1ST FLR
NEW YORK NY 10002

Tax Registration No.: 201-793-513/000
Tax Effective Date: 02-01-05
Document Locator No.: C0000159504
Date Issued: 03-08-05

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.

CERT-1 (11-97)

(See Reverse Side)

REMOVE SIDE EDGES FIRST

CERT-1

TEAR ON PERFORATION ALONG STUB THIS TEAR AND COLLAPSE

NEW SHUNDA SIGN INC.
25 ESSEX STREET
NEW YORK, NY 10002
TEL:212-420-8860
FAX:212-420-0994

30" ILLUMINATED CHANNEL LETTER

SIGNAGE DETAILS

* 30" INDIVIDUAL CHANNEL LETTER
* 0.040 GRAY ALUMINUM RETURN
* 1/8" WHITE PLEXIGLASS FACE
* 1" BLACK PLASTIC TRIM-CAP
* WHITE 15MM NEON TUBING
* ALL LETTERS W. U/L LABLE
* TRANSFORMER WILL BE CONCEALED

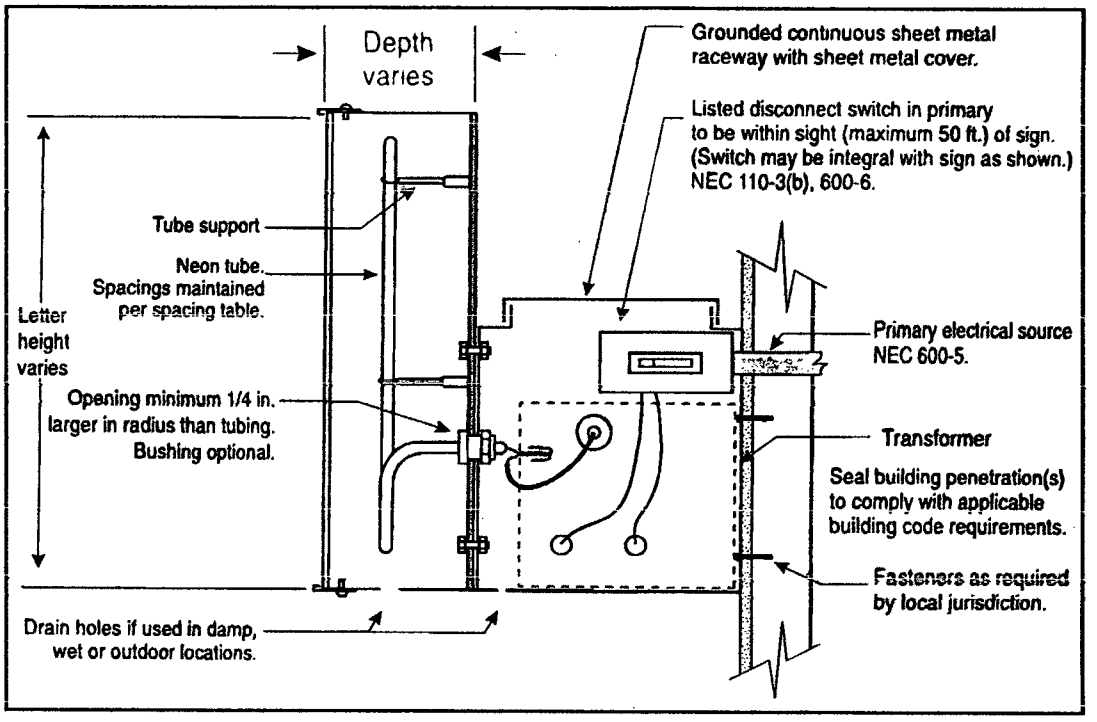
GTO. 15,000V
CABLE NO. E106284
WESTRIM PRODUCTS INC.

P-K HOUSING
NEON ELCTRODE RECEPTACLE
U/L LESTED 9S2K
P-K 75,000 VOLTS
MFG. BY
PETERSON ELCTRODE RECEPTACLE
BERKELEY, CA 94710

NEON TRANSFORMERS
CAT. NO. 4B15N3-02
H2-60 W. 250
PRI. V-120 A-3.8
SEC. V-15,000 MA-30
U/L LISTED ISSUE D01051

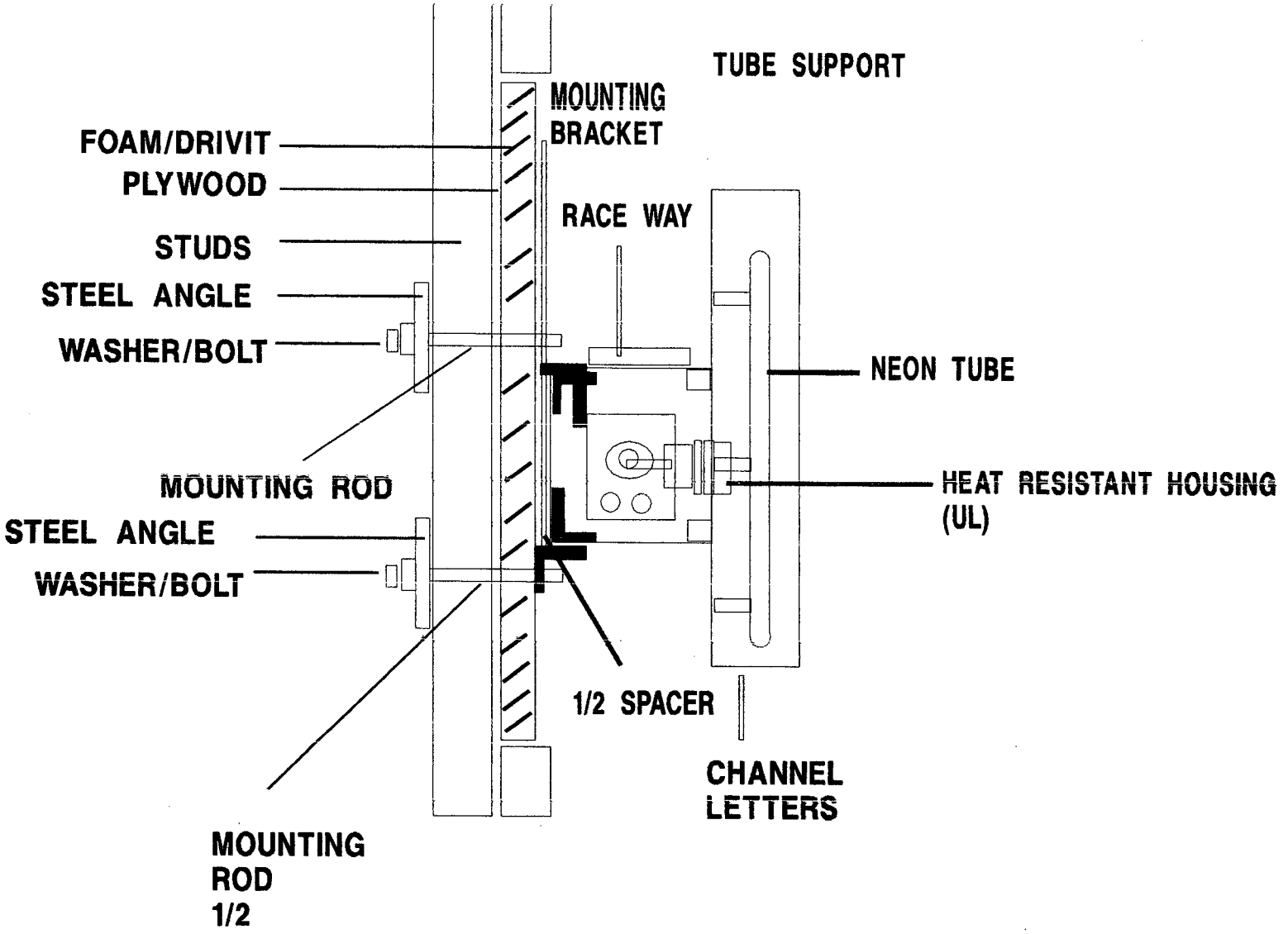
30" ——— 240" ———

EAST BUFFET



LETTER/RACEWAY INSTALLATION DETAIL

NO SCALE


TUBE SUPPORT
MOUNTING BRACKET
FOAM/DRIVIT
PLYWOOD
STUDS
STEEL ANGLE
WASHER/BOLT
RACE WAY
NEON TUBE
MOUNTING ROD
HEAT RESISTANT HOUSING (UL)
STEEL ANGLE
WASHER/BOLT
1/2 SPACER
CHANNEL LETTERS
MOUNTING ROD 1/2

Old Sign

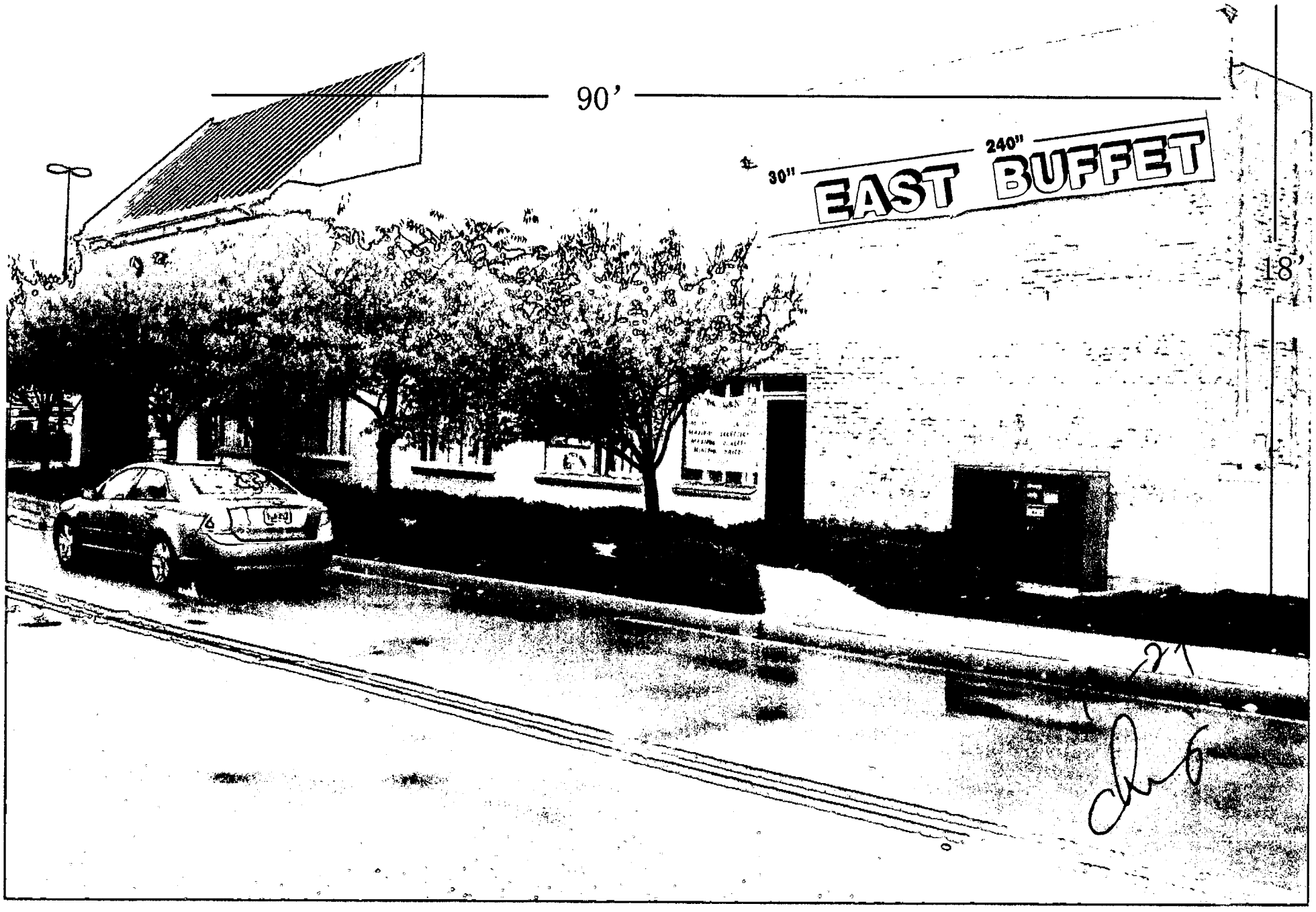
10-27-07

Before:30’ x 30” = 75’
Current: 20’ x 30” = 50’

Before: 390pd
Current: 200pd

Before:30' x 30" = 75'
Current: 20' x 30" = 50'

Before: 390pd
Current: 200pd



Before:30' x 30" = 75'
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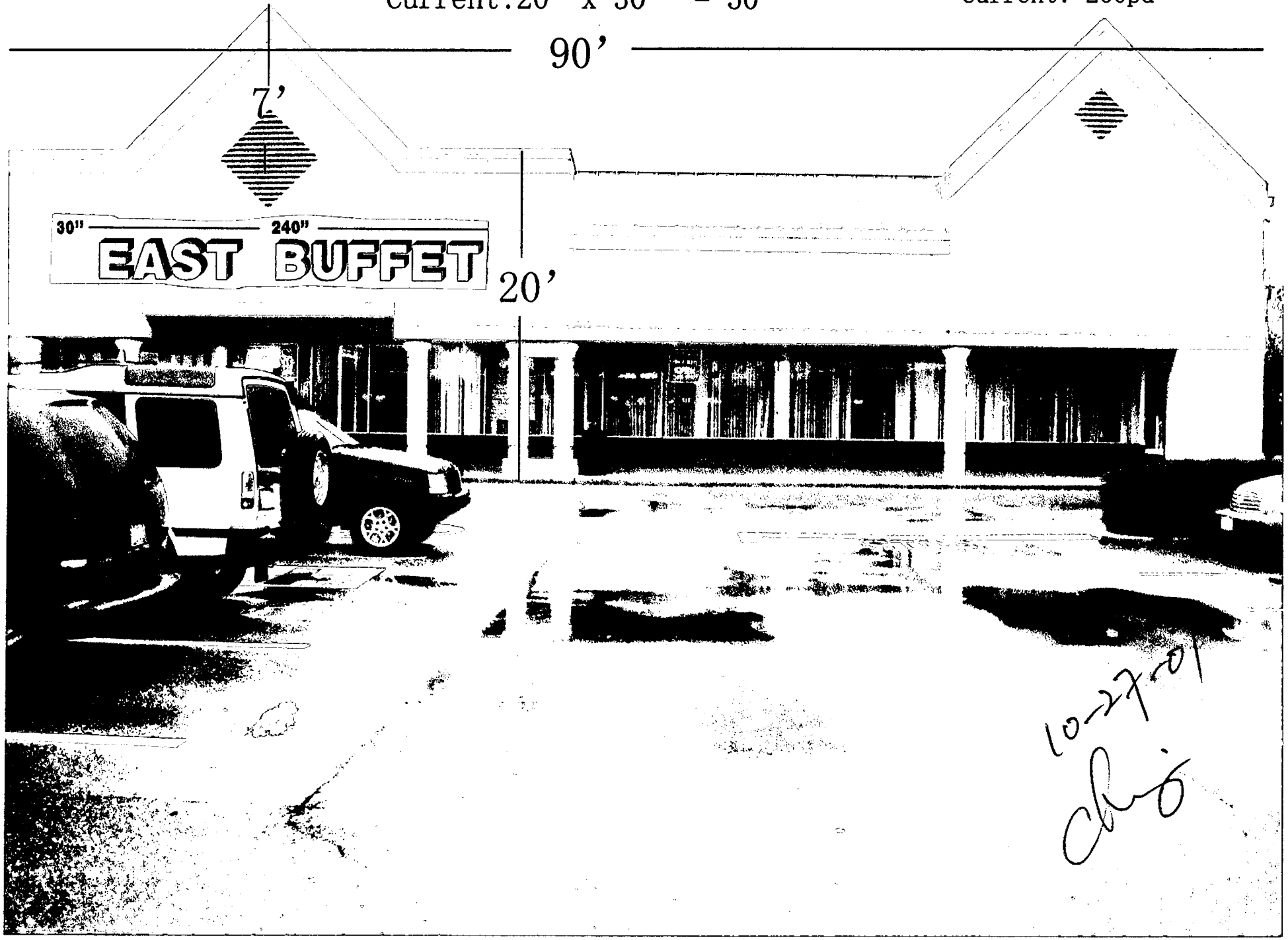
Sign Before:390pd
Current: 200pd



Old Sign

10-27-10

chris