BLOCK 671 LOT 8 QUALIFICATION CODE C14-71 ADDRESS (SITE) Brick Plaza # 12 PERMIT NO. 03-0585

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: Brick Plaza Store #12 56 Chambersbridge
2. Name of Owner in Fee: GameStop Tel. ( )
   Address 59 Chambers Bridge Road (street) Brick (municipality), NJ (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: DCC Signs & Awnings (973) 350-0400
   Address 108 Mt Pleasant Ave
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. 22 3818133 FAX: ( )
5. Architect or Engineer ____ Tel. ( )
   Address ____
6. Responsible Person in Charge of Work Danny Castillo
   Tel. (973) 350-0400 FAX (973) 350-0401

Sign

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 35		
2.	Electrical	35		
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee			
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 70		

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 ____ ft.	
10.	Wetlands yes ____ no ____	
11.	Max. Live Load	
12.	Max. Occupancy Load	

CONFIRMED

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building			2/14/03		2-21-03	FM			
3.	☐ Addition									
4.	☒ Alteration									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☒ Electrical					2-20-03	MM			
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction ____
After Construction ____
Net Gain or Loss ____

B. NON-RESIDENTIAL

1. State Specific Use: Plaza
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR-B 10100948

U.C.C. F100-1 (rev. 3/96)

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.vii:

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. 5:32-2.15(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 DCI Signs & Awnings

Address 108 Mt Pleasant Ave

Newark NJ 07104

Telephone (973) 350-0401

Signature Doug Abrams

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/04/2007
Control Number
Permit Number 03-0585
Permit Issue Date 02/25/2003
Certificate Number 03-0585

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 56 CHAMBERSBRIDGE RD SIGN , NJ Block: 671 Lot: 8 Qual:

Owner in Fee: GAME STOP

Owner Address: 59 CHAMBERSBRIDGE RD BRICK NJ -

Telephone: / -

Contractor DCI SIGNS & AWNINGS

Address 191 MT PLEASANT AVENUE NEWARK NJ 07104-

Telephone: 973/350-0400 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 22-3818133

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 Used:

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: 10/04/2007

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 02/25/2003
Control #
Permit # 03-0585

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 671 Lot 8 Qual

Work Site Location 56 CHAMBERSBRIDGE RD
SIGN
Owner in Fee GAME STOP
Address 59 CHAMBERSBRIDGE RD
BRICK, NJ -
Telephone ( ) -

Contractor DCI SIGNS & AWNINGS
Address 108 MT PLEASANT AVE
NEWARK, NJ 07104-
Telephone (973)350-0400
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3818133

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REMOVE EXISTING "FUNCOLAND" SIGN AND REPLACING WITH "GAMESTOP" 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 $ 600

Construction Official

02/25/2003
Date

U.C.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	35
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	70
Check No.	1809
Cash	
Collected By	TL

02/25/03 12:09PM 00000000#7907
#004 SERV.004
BUILDING $35.00
ELECTRIC $35.00
SUBTOTAL $70.00
CHECK $70.00
CHANGE $0.00

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: Brick Plaza Chamber Bridge Rd Store # 12
Block: 671 Lot: 8
Owner's Name: Gamestop
Owner's Mailing Address: Chambers Bridge Road / Store #12
Brick, NJ
Phone: (____)_____

BUILDING

Contractor: DCI Signs & Awnings
Address: 108 Mt Pleasant Ave.
Newark NJ 07104
Phone#: 973-350-0400
Lis #:
Federal Emp # or SSN 22-3818133

ELECTRICAL

Contractor: JC Electric Inc.
Address: 65 Ramapo Valley Rd.
Mahwah
Phone#: 201-512-1792
Lis #: 9651
Federal Emp # or SSN 22-2995 80

Technical Data

Description of Work:

Removing existing "Funcoland" sign and replacing with "Gamestop" sign. Using existing electrical connections.

Type of Work

___New Building	___Siding
___Addition	___Fence
X Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	1 Sign 32.0± sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:_____
Height of Structure:_____
Area of the largest floor:_____
Area of New Structure:_____
Volume of New Structure:_____
Total Land Disturbed:_____

Cost of Alteration: $ 500.00

Cost of New Building: $_____

Total Cost of New Building Work: $_____

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

Signature: Vaixza Alvarez
Please Print Name Vaixza Alvarez

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light 1 - 1.2	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: 100.00

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

Signature: Vaixza Alvarez
Please Print Name Vaixza Alvarez
CONTRACTOR'S SEAL seal attached

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures Quantity

Water Closets (Toilet)_____
Urinals/Bidets_____
Bath Tub (w/or w/out shower head)_____
Lavatory (BR Sink)_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Air Conditioner (Condensate Drain)_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Pool Heater_____
Other:

Estimated Cost of Plumbing Work_____

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

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Gas Stove_____
Gas Dryer_____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances_____

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work_____

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

Signature:_____

Print Name:_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 02/14/2003
Date Issued 2 25 03
Control # C14-71
Permit # 03-0585

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

Block 671 Lot 8 Qual
Work Site Location 56 CHAMBERSBRIDGE RD
SIGN
Owner in Fee STOP, JAMES
Address 59 CHAMBERSBRIDGE RD
BRICK, NJ -
Tele.( ) -
Contractor DCI SIGNS & AWNINGS
Address 108 MT PLEASANT AVE
NEWARK, NJ 07104-
Tele.(973)350-0400 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3818133

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	2-21-03	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10-7-03
Approved By: FM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 500
3. Total (1+2)$ 500

Industrialized Building:
[ ] State Approved
[ ] HUD

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

REMOVE EXISTING "FUNCOLAND" SIGN AND REPLACING WITH "GAMESTOP" SIGN

COMMERCIAL Permit Expired

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[X] Sign 32 Sq. Ft.	32
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 3
Collected by: TOTAL FEE	$ 35
DCA State Permit Fee	$ 0

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 02/14/2003
Date Issued 2/25/03
Control # C14-71
Permit # 03-0585

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

Block 671 Lot 8 Qual
Work Site Location 56 CHAMBERSBRIDGE RD
SIGN
Owner in Fee STOP, JAMES
Address 59 CHAMBERSBRIDGE RD
BRICK, NJ -
Tele.( ) -
Contractor DCI SIGNS & AWNINGS
Address 108 MT PLEASANT AVE
NEWARK, NJ 07104-
Tele.(973)350-0400 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3818133

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

REMOVE EXISTING "FUNCOLAND" SIGN AND REPLACING WITH "GAMESTOP" SIGN

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	2-21-03	FW
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 500
3. Total (1+2)$ 500

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[X] Sign 32 Sq. Ft.	32
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 3
TOTAL FEE	$ 35
DCA State Permit Fee	$ 0

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF NORTH BERGEN

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 2/22/02
Date Issued
Control #
Permit # 02-0585

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

Block 671 Lot 8
Work Site Location Brick Plaza Chamber Bridge Rd Store #12 Brick NJ 56
Owner in Fee/Occupant Gamestop
Address Chamber Bridge Rd Store #12 Brick NJ
Tele. ( )
Contractor J.C. Electric, Inc.
Address 105 Romano Valley Rd. Mahwah NJ 07430
Tele. (201) 512-1792 Fax ( )
Lic. No. 9151
Federal Emp. No. 22 2995380

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 100.00

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: 2/26/02
Approved by: MM

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

INSPECTIONS Type:	Dates (Month/Day) 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

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
1	1.2	KW Elec. Sign/Outline Light	25
		.....	
		.....	

Paid Cash ( )
Check ( )
Date
By

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 25
TOTAL FEE	$ 25

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

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

RECEIVED
FEB 14 2003
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 671 Lot 8 Qualifier _____

PROPERTY ADDRESS Brick Plaza Chamber Bridge Rd #12

PERSONAL NAME OF APPLICANT Danny Castillo

BUSINESS NAME OF APPLICANT DCI Signs & Awning

PROPERTY OWNER _____

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) Stores

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☐ Commercial (please describe) _____

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____
☐ Addition
☒ Alteration
☐ Porch or deck (state heights) _____
☐ Shed (state height) _____
☐ Fence (state type & height) _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) _____

COMMERCIAL

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 [signature] Date 2/4/03

Reviewed by Zoning Office _____ Date _____ ( ) Approved ( ) Denied

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 2-20-03

JURISDICTION _____
(City, County, Township, etc.)

BUILDING LOCATION 56 Chambers Bridge
(Street address)

BUILDING DESCRIPTION _____

_____

REVIEWED BY _____

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
	Cross Section Does Not Show #9 Concieled Fasteners	

Called Glen Cook 1:20

06/93

DCI SIGNS & AWNINGS
108 Mt. Pleasant Ave. Newark, NJ 07104
Phone: 973-350-0400 Fax: 973-350-0401

ILLUMINATED AWNINGS
CHANNEL LETTERS
LIGHT BOXES
PYLON SIGNS
ARCHITECTURAL
INSTALLATIONS
ERECTING
SERVICE & MAINTENANCE
BANNERS

Fax Cover Letter

Date: 2/21/03

To: Frank

From: Danny

Pages: 2

Re: GameStop -56 Chambers Bridge Rd.

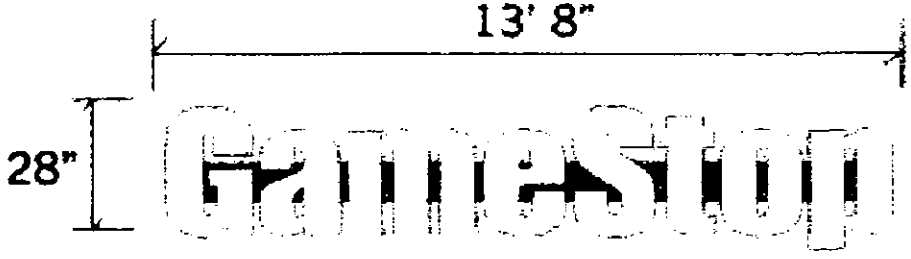
Comments:

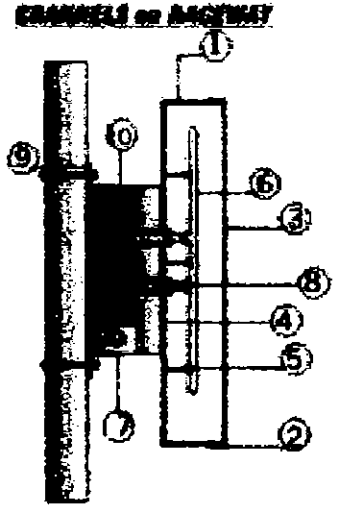
Revised drawing showing fasteners.

They are 4-2" x 2" galvanized 90° Brackets top & bottom, evenly spaced, secured to wall with 3/8" x 4" lag bolt & shield.

Thanks,
Danny C.

Channel LetterSign Mounted on a Raceway





NOTES:

1. [illegible]
2. [illegible]
3. [illegible]
4. [illegible]
5. [illegible]
6. [illegible]
7. [illegible]
8. [illegible]
9. [illegible]
10. [illegible]

All Components UL Approved

Page:1/1

DESCRIPTION

DCI SIGNS & AWNINGS

CLIENT	GAMESTOP
SITE	Brick Plaza Brick, NJ
CONTACT	Danny Castillo
DATE	01/21/03
SCALE/ECH	Not Shown To Scale
PROJ.	

Approval

BY:_____ DATE:____/____/____

Channel LetterSign Mounted on a Raceway

DESCRIPTION

#0609

28" x 13' 8" Sign on 11' x 15' Signband

DCI SIGNS & AWNINGS

CLIENT:	GAMESTOP
SITE:	Brick Plaza Brick, NJ
CONSULTANT:	Danny Castillo
DATE:	01/21/03
SCALE/ECH:	Not Shown To Scale
PROJ.:	IBM

Approval

BY:_____DATE:____/____/____

Under Canopy Sign

DESCRIPTION

Double Faced Under Canopy Blade Sign

Wood Sign - White Vinyl Graphics 8 ½" x 44"

#0609

DCI SIGNS & AWNINGS

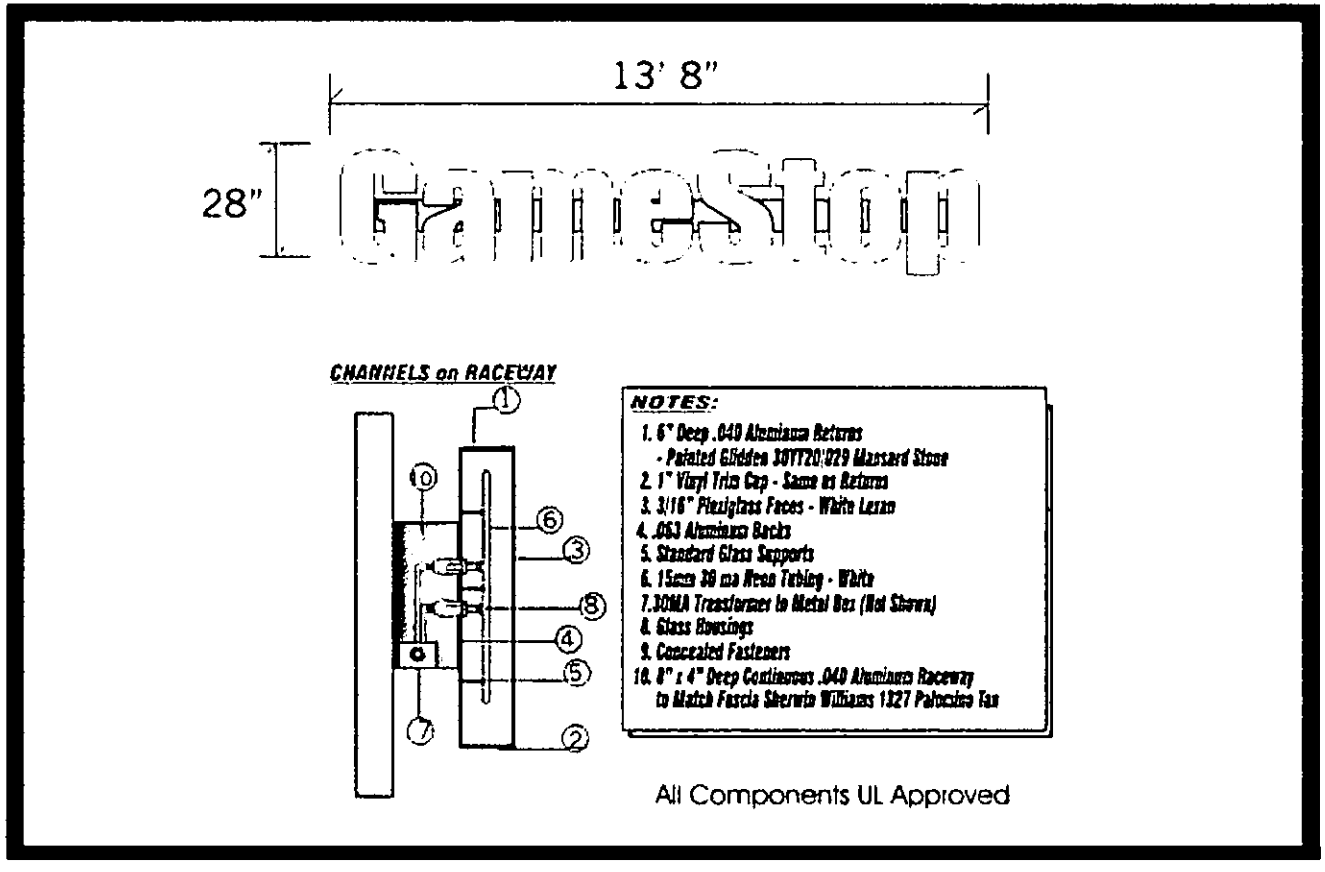
CLIENT:	GAMESTOP
SITE:	Brick Plaza Brick, NJ
CONSULTANT:	Danny Castillo
DATE:	01/21/03
SCALE/ECH:	Not Shown To Scale
PROJ.:	IBM

Approval

BY:_____DATE:____/____/____

Channel LetterSign
Mounted on a Raceway

DESCRIPTION



CHANNELS on RACEWAY

NOTES:

1. 6" Deep .040 Aluminum Returns
   - Painted Glidden 30YY20:029 Mustard Stone
2. 1" Vinyl Trim Cap - Same as Returns
3. 3/16" Plexiglass Faces - White Lexan
4. .063 Aluminum Backs
5. Standard Glass Supports
6. 15mm 30 ma Neon Tubing - White
7. 30MA Transformer in Metal Box (Not Shown)
8. Glass Bushings
9. Concealed Fasteners
10. 8" x 4" Deep Continuous .040 Aluminum Raceway to Match Fascia Sherwin Williams 1327 Palmetto Tan

All Components UL Approved

Page:1/1

DCI SIGNS & AWNINGS

CLIENT:	GAMESTOP
SITE:	Brick Plaza Brick, NJ
CONSULTANT:	Danny Castillo
DATE:	01/21/03
SCALE/ECH:	Not Shown To Scale
PROJ.:	IEM

Approval

BY:_____DATE:____/____/____