BLOCK 671 LOT 8 QUALIFICATION CODE C5 · 76 ADDRESS (SITE) 55 Chambersbridge Rd PERMIT NO. 01-4077

CONSTRUCTION PERMIT APPLICATION

MAIL IN

Application Completes: Sections I, II, III (optional), IV, VI, and VII Cingular 10/5/01

Called 10/31

I. IDENTIFICATION

1. Propsed Work Site at: Cingular - Brick PLAZA - 55 Chambers Bridge Rd.
2. Name of Owner in Fee: Federal Realty Investment Tel. ( )
   Address 1626 East Jefferson Rockville Maryland
   street municipality zip code
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: Philadelphia Sign Co. Tel. (856) 829-1460
   Address 107 West Spring Garden St. Palmyra NJ 08065
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. 23-0973470 FAX: ( ) ____
5. Architect or Engineer ____ Tel. ( ) ____
   Address ____
6. Responsible Person in Charge of Work Jim Navach - Project Manager
   Tel. (856) 829-1460 FAX (856) 829-8549

SIGN

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 56		
2.	Electrical	52		
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	1		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 108		

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

COMMERCIAL

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					10-31-01	Em	11/2/01		
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☒ Electrical					10 31 01	WL			
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		Fax	10/22/01		10/22/01	JC			
	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:
2. Use Group:
3. Change in Use Group, Indicate Former:

IMPORTANT MANDATORY FEE COMMERCIAL A.H.B.T.

NO FEE REQUIRED

APPROVED BY ____ DATE 10/24/01

LDS BR-B 10100947

U.C.C. F100-1 (rev. 3/98)

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.

( ) Check if contractor.

Agent Name Judith Bohne

Address 2121 Goldbrick Ave
Rockaway N.Y. 11779

Telephone (631) 981-5175

Signature Judith Bohne

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.				

CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

IDENTIFICATION Block 671 Lot 8

Work Site Location Cinglular - Brick PLAZA
55 Chambers Bridge RD.

Owner in Fee Federal Realty Investment

Address 1626 East Jefferson
Rockville Maryland

Tel. ( )

Contractor Philadelphia Sign Co

Address 707 West Spring Garden St.
Palmyra N.J 08065

Tel. (856) 829-1460

Lic. No. or Bldrs. Reg. No.

Fed. Emp. No. 23-0973470

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) [X] OTHER Sign

DESCRIPTION OF WORK:
(1) Internally Illuminated Channel letter Sign - Raceway Mounted 3x15'6"
(2) Under Canopy Tenant Panel 2x4'10½" (3) Vinyl Graphic - Store Hours entrance Door

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 $ 2049.

Construction Official

Date

PAYMENTS (Office Use Only)

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

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

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

(see reverse side)

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 to the approved plans and 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 the following:

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. All structural framing and connections prior to covering with finish or infill material, plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

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

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

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 11/05/2001
Control #
Permit # 01-4077

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 671 Lot 8 Qual

Work Site Location 55 CHAMBERSBRIDGE RD
SIGN - CINGULAR PHONE
Owner in Fee FEDERAL REALTY INVESTMENT TRUS
Address 1626 E JEFFERSON ST
ROCKVILLE, MD 20852-
Telephone ( ) -

Contractor PHILADELPHIA SIGN COMPANY
Address 707 N SPRING GARDEN STREET
PALMYRA, NJ 08065-
Telephone (609)829-1460
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-0923470

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:
INTERNALLY ILLUMINATED CHANNEL LETTER SIGN -RACEWAY MOUNTED 3E15'6;
UNDER CANOPY TENANT PANEL 2E4'10 1/2; VINYL GRAPHICS ON ENTRANCE DOOR
STORE HOURS FOR CINGULAR PHONE

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 $ 2,149

Construction Official 11/05/2001
Date

U.C.C. P170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	56
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	2
Cert. of Occupancy	0
Other ZP	15
Total	108
Check No.	5428
Cash	
Collected By	MJR

11/05/01 2:01PM 00000047927
**02 SERV.002

#4077	
BUILDING	$56.00
ELECTRIC	$35.00
DCA	$2.00
ZPA	$15.00
CHECK	$108.00

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 11-5-01
Control #
Permit # 01-4077

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 Circular - Brick Plaza - 95 Chambers Bridgerd
Brick New Jersey
Owner in Fee Federal Realty Investment
Address 1626 East Jefferson
Rockville Maryland
Tele. ( )
Contractor Philadelphia Sign Co.
Address 707 West Spring Garden St.
Palmyra New Jersey 08065
Tele. (856) 829-1460 Fax (856) 829-8549
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-0973470

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

Internally Illuminated Channel letter Sign - Raceway mounted.
3' x 15' 6"

Under Canopy Tenant Panel
2' x 4' 10½"
Vinyl Graphic's on entrance Door
Store Hours.

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 11-26-01
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
~~Other~~				
Final			11/26/01	
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign 56 Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$

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

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. Alteration $ 2049.
3. Total (1+ 2) $ 2049.

UCC/PRO F-110 (REV3/96)
Professional Printing
(856) 468-7933

1. White/Inspector Copy 2. Canary/Office Copy
3. Pink/ Office Copy 4. White Tag

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 11-5-01
Control #
Permit # 01-4077

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 Circular - Back Plaza - 95 Chambers Boulevard
Bank New Jersey
Owner in Fee Federal Realty Investment
Address 1626 East Jefferson
Rockville Maryland
Tele. ( )
Contractor Ohio Display Sign Co.
Address 707 West Spring Commerce St.
Palmyra New Jersey 08065
Tele. (856) 829-1400 Fax (856) 829-8549
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-0973470

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

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

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

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories 4
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. Alteration $ 2049.
3. Total (1+ 2) $ 2049.

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

Internally Illuminated Channel letter Sign - Raceway Mounted.
3' x 15' 6"

Under Canopy Tenant Panel
2' x 4' 10½"

Vinyl Graphics on entrance Door Stone Hours.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[X] Sign 56 Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$

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

UCC/PRO F-110 (REV3/96)
Professional Printing
(856) 468-7933

1. White/Inspector Copy
2. Canary/Office Copy
3. Pink/ Office Copy
4. White Tag

933-SBNJ3911
Brick

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 11-5-01
Control #
Permit # 01-4077

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 Cingular - 22 Brick Plaza (~~Rt 70~~)
55 Chambers Bridge Rd. Brick New Jersey
Owner in Fee/Occupant Federal Realty Investment
Address 1626 East Jefferson
Rockville Maryland
Tele. ( ) _____
Contractor Mat Romana Electric
Address 300 Castleton Ave
Hanover Twp N.J 07937
Tele. (856) 856-1652 Fax ( ) _____
Lic. No. 19605
Federal Emp. No. 223488502

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [✓] Other 24hr
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 100.

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: 10/31/01
Approved by: MR

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		KW Elec. Sign/Outline Light	
		.....	
		.....	

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

UCC/PRO F-120 (REV3/96)
Professional Printing
(856) 468-7933

TOWNSHIP OF BRICK
ZONING PERMIT

Approved: October 18, 2001 **No. 1.1560**

Block: 671 **Lot:** 8 **Zone:** B-3, Highway Development

Property Address: 55 Chambers Bridge Road; Brick Plaza

Applicant: Judith Bohne; Cingular

Property Owner: Federal Realty Investment

Existing Use: Cell phone store

Proposed Use: Same.

Proposed Construction: Replace two (2) signs for name change:
Wall sign, 3' x 15'6", channel letters, "Cingular Wireless".
Under canopy tenant panel, 2' x 4'10.5".

Conditions: The wall sign area cannot exceed 15% of the façade area.

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
Municipal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
OCT 5 2001
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 55 Chambers Bridge Rd.

PERSONAL NAME OF APPLICANT Judith Bohne - Agent For Cingular

BUSINESS NAME OF APPLICANT Cingular

PROPERTY OWNER Federal Realty Investment - 1626 E. Jefferson Rockville Maryland

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) Cell Phone STORE

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) Cell Phone Store

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) Sign - Name CHANGE

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 Judith Bohne Date 10-1-01

Reviewed by Zoning Office JK Date 10-19-1 (X) Approved ( ) Denied

FROM

PHILADELPHIA SIGN CO.
707 W. Spring Garden Street
PALMYRA, NJ 08065-1798

(609) 829-1460
Fax (609) 829-8549

Message
Reply

DATE: 11/2/01

FILE NO.

PRIORITY
☐ URGENT!
☐ SOON AS POSSIBLE
☐ NO REPLY NEEDED

ATTENTION: CONSTRUCTION CODE

SUBJECT: PERMIT FEE
CIRCULAR
55 CHAMBERSBRIDGE

TO
BRICK TWP.
401 CHAMBERSBRIDGE
BRICK, N.J. 08723
ATTN: CONSTRUCTION CODE OFFICE

MESSAGE

CHECK # 5428 SUBMITTED IN THE AMOUNT OF $108.00 FOR PERMIT FEES. PLEASE MAIL PERMITS IN SAS ENVELOPE.

THANK YOU

SIGNED: Stan

REPLY

DATE OF REPLY:

REPLY TO: STANLEY G LEWIS

SIGNED:

SENDER: MAIL RECIPIENT WHITE AND PINK SHEETS.

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 671 LOT 8 SITE ADDRESS 55 Woodland Bridge Rd.
TYPE OF SITE Residential / (Commercial) NAME OF BUSINESS Various
APPLICANT Pulaski Savings Bank PHONE NUMBER 856-829-8549
APPLICANT ADDRESS 909 W. Spring Garden St. CITY & STATE Palmyra, NJ. 08065

INCLUSIONARY DEVELOPMENT

Affordable
- Fee Required _____ Date _____
- Down Payment _____ Date _____
- Balance _____ Date _____
- Paid In Full _____ Date _____

Market Rate — No Fee Required

NO FEE REQUIRED

APPROVED BY FRT DATE 10/24/01

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

X Commercial is .01%

X The estimated equalized assessed value of the proposed construction is

$ 0

Frederick R. Millman, CTA, Tax Assessor — Date 10/23/01

◊ The final equalized assessed value of the construction at the above referenced site is:

$ _____

Frederick R. Millman, CTA, Tax Assessor — Date

Preliminary Fee Required _____ Date _____
Preliminary Paid _____ Check # _____
Receipt # _____

Final Total Fee Required _____
Preliminary Paid _____ Date _____
Final Paid _____ Check# _____
Balance Due _____ Receipt # _____

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

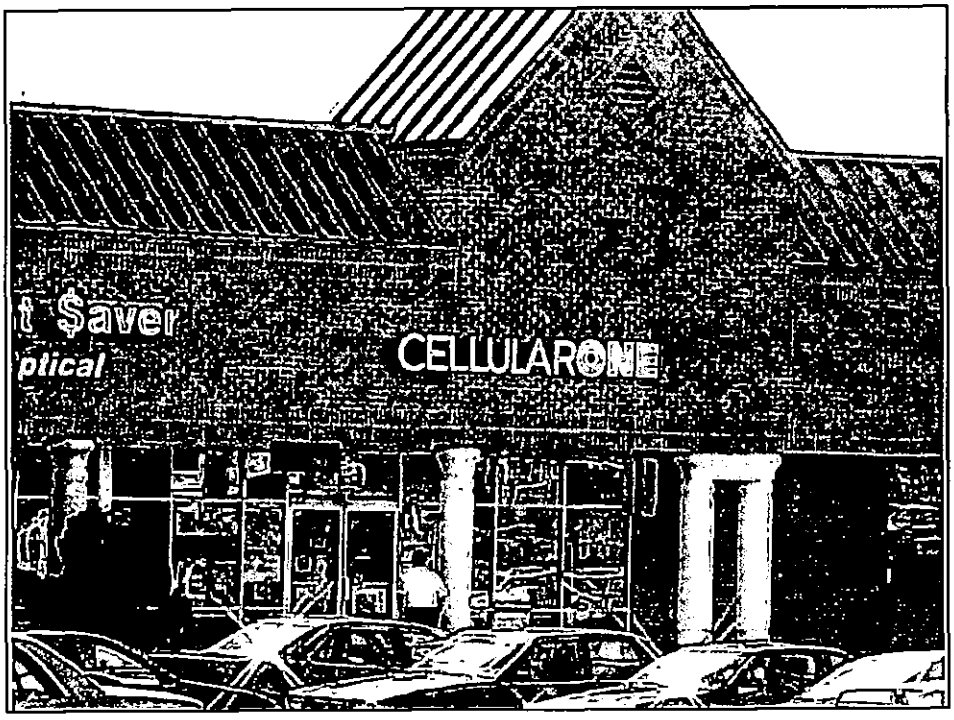
10/23/01 - Tax printout.

_____
Office of Affordable Housing

Signage Detail

Site ID: SBNJ3911

Sign No. E-01



Existing Signage

Existing Sign Description: *Channel Letter w/ Raceway*

Height: *18"*

Width: *168"*

Depth: *5"*

Letter Height: *18"*

Overall Height above grade: *180"*

Face Material: *Plastic - Flat*

Wall Material: *Brick*

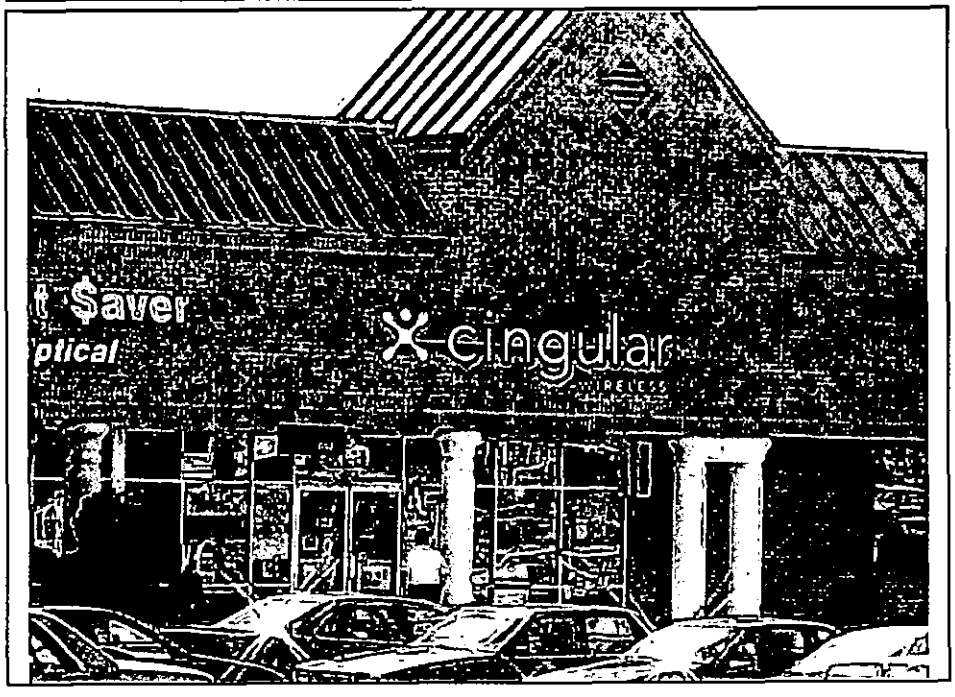
Available Height: *60"*

Available Width: *240"*

Illuminated: *Yes* **Double face:** *No*

Sign Text: *Cellularone*

Comments:



Proposed Signage

Sign Type: *J4*

Action: *RR*

Description: *20" White Channel Letters w/ Rect. Raceway*

Ground Height *N/A*

Height: *48.76"*

Width: *195"*

Max Sq Ft: *66.03*

Min Sq Ft: *33.74*

Illumination: *Illuminated*

Wall Repair:

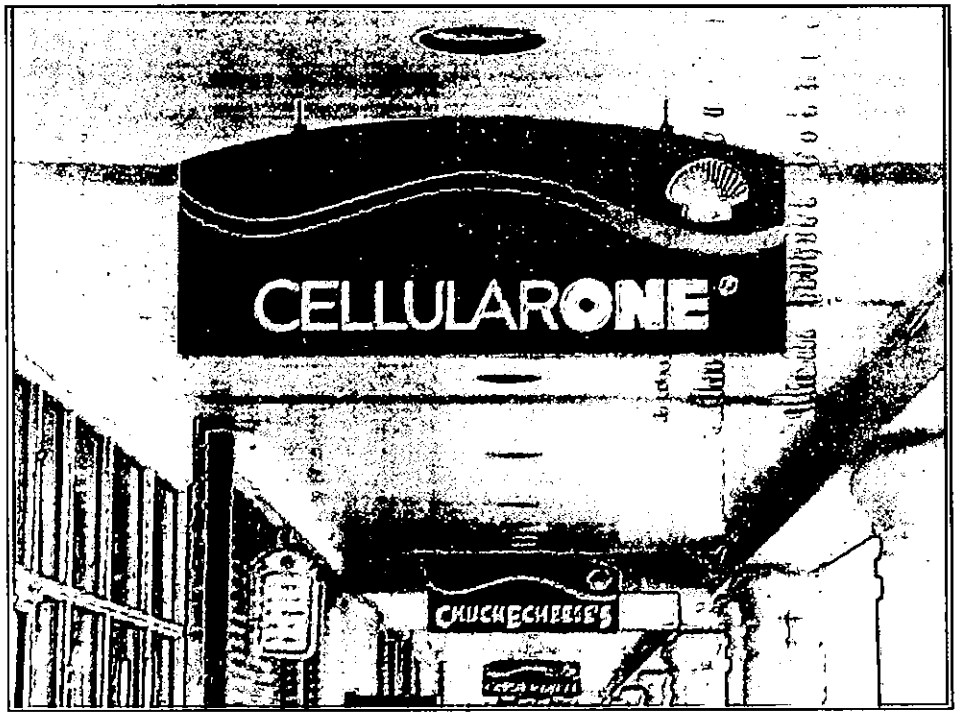
Recommendation Comments: *Paint raceway to match bricks.*

VIF Required

Signage Detail

Site ID: SBNJ3911

Sign No. E-02



Existing Signage

Existing Sign Description:	*Hanging Tenant Panel*
Height:	*24"*
Width:	*58 1/2"*
Depth:	*3"*
Letter Height:	*5"*
Overall Height above grade:	*132"*
Face Material:	*Foam*
Wall Material:	*N/A*
Available Height:	*N/A*
Available Width:	*N/A*
Illuminated:	*No* **Double face:** *No*

Sign Text: *Cellularone*

Comments:

Custom Sign Application

Proposed Signage

Sign Type:	*Custom*
Action:	*RR*
Description:	*N/A*
Ground Height	*N/A*
Height:	*N/A*
Width:	*N/A*
Max Sq Ft:	*N/A*
Min Sq Ft:	*N/A*
Illumination:	*N/A*
Wall Repair:	

Recommendation Comments:

VIF Required

Location Name: Cellular one **Address:** 22 Brick plaza **Facility No:** SBNJ3911

City, State, Zip: Brick, NJ 08723

Custom Signage Recommendation

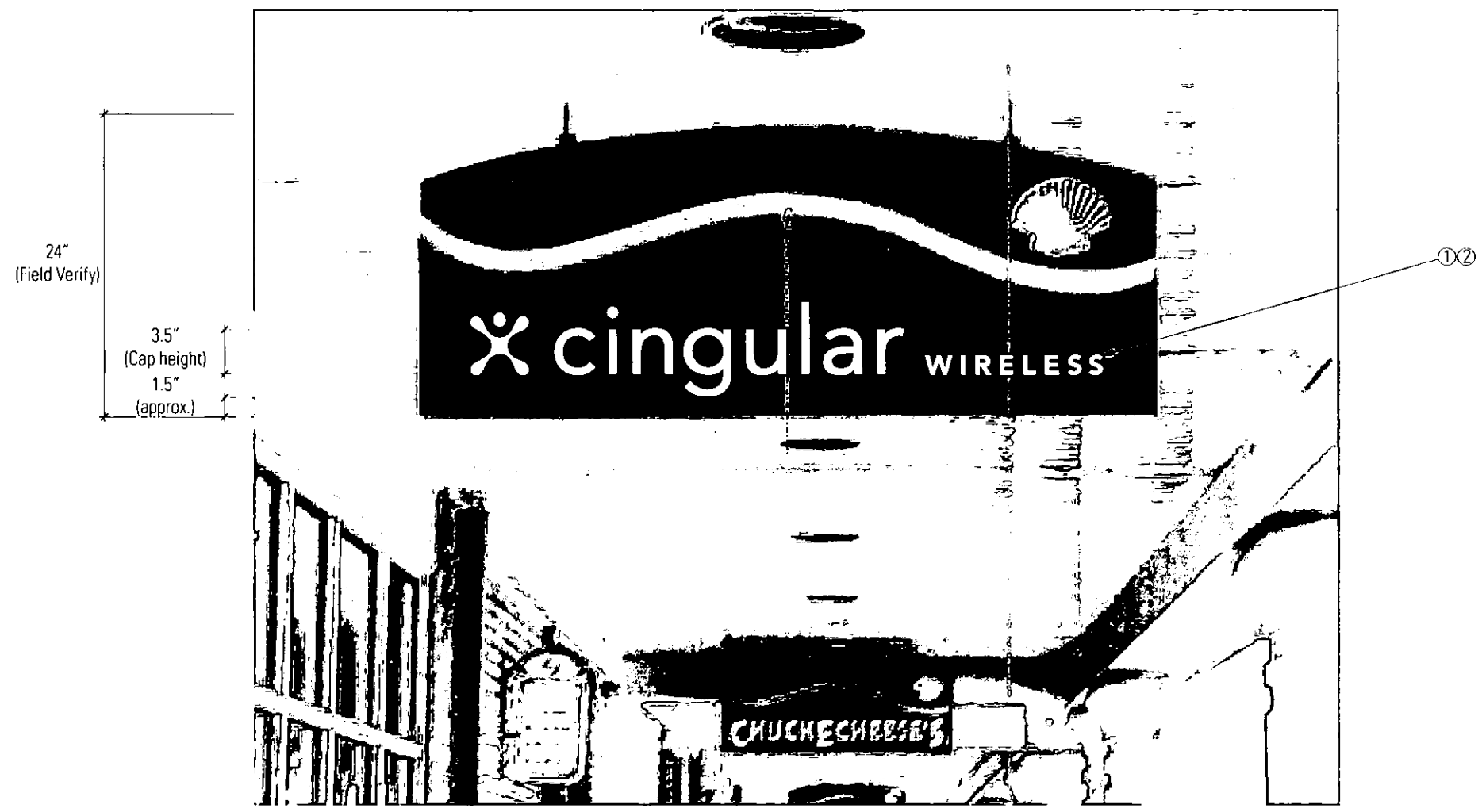
		Side A:	Side B:
Sign Number:	E-02	Cingular Wireless	Cingular Wireless
Action:	RR		
Sq. Footage:	1.9(Approx.)		
Illumination:	Non		
# of Faces:	Double		

Comments: Field verify all dimensions, materials, fabrication, and installation methods in field prior to fabrication.

* SHOP DRAWINGS REQUIRED PRIOR TO FABRICATION.

Notes:

1. Duplicate existing foam sign. Duplicate fabrication, installation, and materials.
2. Signature, and logo to be first surface decorated per landlord requirements. Use artwork provided by designer.



① Front Elevation

SCALE:1" =1'-0"

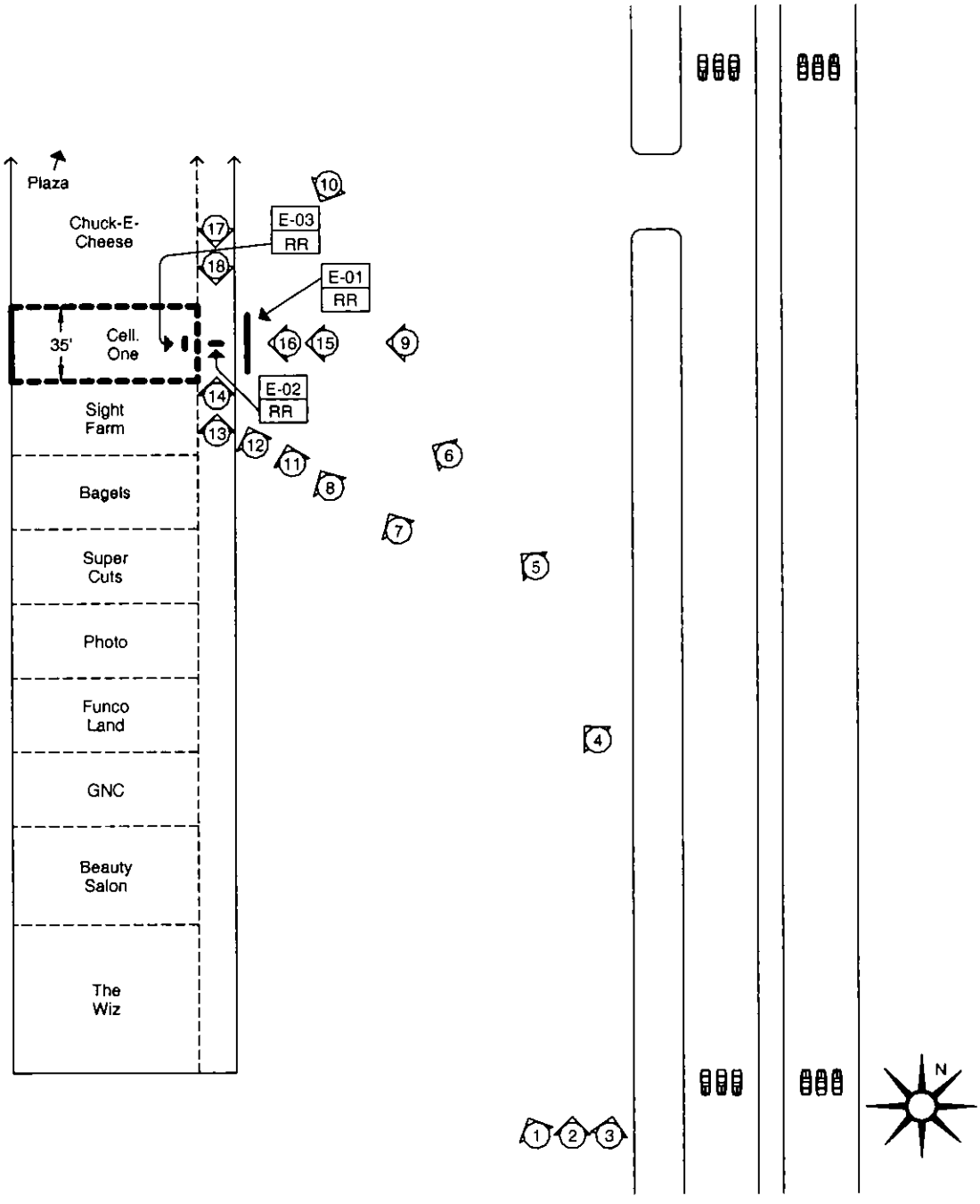
Date:	05.18.01	Released To:	Cingular
Revisions:	N/A	Job Number:	843.9
Drawn By:	JRG		

Monigle Associates, Inc.
150 Adams Street
Denver, Colorado 80206

MONIGLE | ASSOCIATES

Site Plan

Site ID SBNJ3911



Site Comments: No visible competition.

Key:
- Sign
- Overview Photo Location

Example:
E-01 ← Sign Number
RR ← Recommendation

Action Codes:

RO	Remove Only	RB	Refurbish	NA	No Action
RF	Reface	RR	Remove and Replace	RS	Remove -Save Sign
RP	Repaint	NEW	New Product		

PRODUCER
HRH of Southern NJ
1015 Briggs Road
PO Box 969
Mt Laurel , NJ 08054

CL

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Philadelphia Sign Company
707 West Spring Garden Street
Palmyra, NJ 08065

COMPANIES AFFORDING COVERAGE

COMPANY A: CGU Insurance Co.

COMPANY B: Connecticut Indemnity Company

COMPANY C:

COMPANY D:

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR OWNER'S & CONTRACTOR'S PROT	BINDER286298	01/01/01	01/01/02	GENERAL AGGREGATE PRODUCTS-COMP/OP AGG PERSONAL & ADV INJURY EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED EXP (Any one person)	$2,000,000 $1,000,000 $1,000,000 $1,000,000 $100,000 $5,000
A	AUTOMOBILE LIABILITY [X] ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS	TKAW90295	01/01/01	01/01/02	COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE	$1,000,000 $ $ $
	GARAGE LIABILITY ANY AUTO				AUTO ONLY-EA ACCIDENT OTHER THAN AUTO ONLY EACH ACCIDENT AGGREGATE	$ $ $
A	EXCESS LIABILITY [X] UMBRELLA FORM OTHER THAN UMBRELLA FORM	BINDER286305	01/01/01	01/01/02	EACH OCCURRENCE AGGREGATE	$10,000,000 $10,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNER/EXECUTIVE OFFICERS ARE: [X] INCL [ ] EXCL OTHER	NHE093430	06/01/00	06/01/01	STATUTORY LIMITS EACH ACCIDENT DISEASE-POLICY LIMIT DISEASE-EACH EMPLOYEE	 $500,000 $500,000 $500,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30± DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD 25-S (3/93) 1 of

TOTAL P.03

HRH
TOWN