BLOCK 671 LOT 8 QUALIFICATION CODE C1-18 ADDRESS (SITE) Hollywood Tans (Space #23A) 90 Brick Plaza 56 Chambers Bridge Rd PERMIT NO. 01-0980

CONSTRUCTION PERMIT APPLICATION

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

Brick Plaza

I. IDENTIFICATION

1. Propsed Work Site at: Hollywood Tans (Space #23A) 90 Brick Plaza 56 Chambers Bridge Rd Brick Twp Ocean Co, NJ
2. Name of Owner in Fee: Federal Realty Tel. (301) 998-8100
   Address 1626 East Jefferson St, Rockville, MD. 20852
   street municipality zip code
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: Global Sign Indust. Tel. (215) 269-9700
   Address 913 Wm Leigh Dr. Bldg E, Tullytown, PA 19007
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. 23-2974493 FAX: (215) 547-2946
5. Architect or Engineer N/A Tel. ( )
   Address ____
6. Responsible Person in Charge of Work Bud Brauns / Barbara Morris
   Tel. (215) 269-9700 FAX (215) 547-2946

Sign

Call #

COMMERCIAL

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 29 ✓		
2.	Electrical	✓		
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	3		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other	15		
13.	TOTAL	$ 92 ✓		

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	

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									
3.	☐ Addition									
4.	☑ Alteration	3,500.00				3/29/01	FG			
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☑ Electrical					32601	W			
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		CH	3/29/01		CMA				
	TOTAL COSTS	3,500.00								

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) CABO
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 COMMERCIAL A.H.B.T.

NO FEE REQUIRED

APPROVED BY ____ DATE 3/29/01

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.

(✓) Check if contractor.

Agent Name GLOBAL SIGN INDUSTRIES — BUD BRAUN

Address 913 WHITELEIGH DRIVE - BLDG I
TULLYTOWN, PA 19007

Telephone (215) 269-9700

Signature Bud Braun

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/31/2009
Control Number
Permit Number 01-0980
Permit Issue Date 04/16/2001
Certificate Number 01-0980

Certificate

Construction Code Division

(Certificate of Approval)

Identification

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

Owner in Fee: FEDERAL REALTY

Owner Address: 1626 EAST JEFFERSON ST ROCKERVILLE NJ 20852-

Telephone: 301/988-8100

Contractor FEDERAL REALTY

Address 1626 EAST JEFFERSON ST ROCKERVILLE NJ 20852-

Telephone: 301/988-8100 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

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:

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: 12/31/2009 U.C.C. F260 (rev. 08/05)

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 04/16/2001
Control #
Permit # 01-0980

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 671 Lot 6 Qual

Work Site Location 56 CHAMBERSBRIDGE RD
SIGN
Owner in Fee FEDERAL REALTY
Address 1626 EAST JEFFERSON ST
ROCKERVILLE, MD 20852-
Telephone (301)988-8100

Contractor GLOBAL SIGN INDUSTRIES
Address 913 WH LEIGH DR BLDG 1
TULLYTOWN, PA 19007-
Telephone (215)269-9700
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-2974993

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:
SPACE 23 & HOLLYWOOD TAN
1 BLDG FACADE WALL 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 $ 3,550

Construction Official 04/16/2001
Date

N.C.C. #170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	39
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occupancy	0
Other ZP	15
Total	92
Check No.	3312
Cash	
Collected By	MJR

95 —

04/16/01 1:03PM 0000004881
X302 SERV.002

H0980	
BUILDING	$39.00
ELECTRIC	$35.00
DCA	$3.00
ZPA	$15.00
CHECK	$92.00

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 4-16-01
Control #
Permit # 01-0980

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 HOLLYWOOD TANS - C/O BRICK PLAZA (SPACE 23A)
56 CHAMBERS BRIDGE RD, BRICK TWSP, OCEAN CO. NJ

Owner in Fee/Occupant FEDERAL REALTY INVESTMENT TRUST

Address 1626 EAST JEFFERSON STREET
ROCKVILLE, MD 20852

Tele. (301) 998-8100

Contractor ATLANTIC BABBITT MECHANICAL, INC.

Address 1406 STOKES ROAD
MEDFORD NJ 08055

Tele. (609) 265-1858 Fax (609) 265-1073

Lic. No. 129013

Federal Emp. No. 22-3590440

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 50.00

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: 5 26 01

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 12-8-09

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12/24/09 CD	

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.

Joseph M. Chew

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	
		KW Elec. Sign/Outline Light	
1		FACADE SIGN	
		.....	

Administrative Surcharge $ _____

Minimum Fee $ _____

DCA Training Fee $ _____

TOTAL FEE $ _____

U.C.C. F120 (rev. 3/90)

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 4-16-01
Control #
Permit # 01-0480

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 HOLLYWOOD TANS - C/O BLICK PLAZA (SPACE 23A)
56 CHAMBERS BRIDGE RD, BRICK TWP, OCEAN CO. NJ

Owner in Fee/Occupant FEDERAL REALTY INVESTMENT TRUST

Address 1626 EAST JEFFERSON STREET
ROCKVILLE, MD 20852

Tele. (301) 998-8100

Contractor ATLANTIC RABBIT MECHANICAL, INC.

Address 406 STOKES ROAD
MEDFORD NJ 08055

Tele. (609) 265-1858 Fax (609) 265-1073

Lic. No. 12901E

Federal Emp. No. 22-3590440

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 50.00

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: 2601

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 12/24/01

Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12/24/01	CD

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	
		KW Elec. Sign/Outline Light	
1		FACIA SIGN	
		.....	

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

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

01-0980
4-16-01

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 HOLLYWOOD TANS C/O BRICK PLAZA (SPACE 23A)
56 CHAMBERS BRIDGE RD BRICK TWSP. OCEAN CO., NJ
Owner in Fee FEDERAL REALTY INVESTMENT TRUST
Address 1626 EAST JEFFERSON STREET
ROCKVILLE, MD 20852
Tele. (301) 998-8100
Contractor GLOBAL SIGN INDUSTRIES
Address 913 WM LEIGH DR., BLDG I
TULLYTOWN, PA 19007
Tele. (215) 269-9700 Fax (215) 547-2946
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-2974993

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

(1) BLDG FACADE (WALL) SIGN
INDIVIDUAL ILLUM. LETTERS
MOUNTED ON AN ELEC. RACEWAY
2'-0" H. x 19'-7 1/8" W. (SINGLE FACE)
PER DWG #(01)0018-2 KS (3/8/01)

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	3-28-01	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12/2/09
Approved by: KA

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			12-1-09	JM
Barrier-Free				

COMMERCIAL

TYPE OF WORK:
[ ] New Building
[ ] Addition
[V] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[V] Sign 39.2 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 $ 3500.00
3. Total (1+ 2) $ 3,500.00

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

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

One and Two Family Inspections Only!

Item.	Date	Insp..	Pass	Fail	Footing, Foundation and Slab Inspections
1	_____	_____	[ ]	[ ]	Approved plans and zoning approval are on site.
2	_____	_____	[ ]	[ ]	Footing location complies with approved plan.
3	_____	_____	[ ]	[ ]	Verifies the excavation and soil conditions.
4	_____	_____	[ ]	[ ]	Verifies reinforcement is in place (if required).
5	_____	_____	[ ]	[ ]	Inspects foundation wall forms: Verifies reinforcement Verifies window and vent openings Verifies anchorage bolts or strap size and spacing. Verifies keyway is clean.
6	_____	_____	[ ]	[ ]	Inspects masonry wall: Correct block size and type pier/pilasters locations Verifies window and vent openings Verifies anchorage bolt or strap size and spacing.
7	_____	_____	[ ]	[ ]	Inspects parging and waterproofing.
8	_____	_____	[ ]	[ ]	Inspects perimeter drainage system
9	_____	_____	[ ]	[ ]	Inspects fill, vapor barrier, slab thickness, prim insulation, reinforcement, haunch footing and isolated piers.

Item.	Date	Insp.	Pass	Fail	Framing and Insulation Inspections
10	_____	_____	[ ]	[ ]	Checks sill plate for proper anchorage and for termite and decay protection.
11	_____	_____	[ ]	[ ]	Verify rooms, doors, and windows for size, height, light and ventilation requirements.
12	_____	_____	[ ]	[ ]	Inspects wall framing and bracing.
13	_____	_____	[ ]	[ ]	Inspects floor, ceiling, and roof framing. Checks size, grade, species, spacing, span, nailing, hardware, support, and bearing.
14	_____	_____	[ ]	[ ]	Inspects beams, girders, columns, and post for spacing, span, size, grade, species, bearing, and installation.
15	_____	_____	[ ]	[ ]	Verifies trusses match approved drawings and layouts. All bracing, hangers, bearing, and lumber grades match approved drawings
16	_____	_____	[ ]	[ ]	Inspects exterior walls and roof sheathing.
17	_____	_____	[ ]	[ ]	Inspects subflooring.
18	_____	_____	[ ]	[ ]	Inspects all stairs and stairway framing.
19	_____	_____	[ ]	[ ]	Verifies that allowable limits of cutting, notching, and boring have not been exceeded.
20	_____	_____	[ ]	[ ]	Inspects fireplace construction and installation.
21	_____	_____	[ ]	[ ]	Checks for clearances from combustibles.
22	_____	_____	[ ]	[ ]	Checks for firestopping and draft stopping.
23	_____	_____	[ ]	[ ]	Inspects attics and crawl spaces for access and ventilation.
24	_____	_____	[ ]	[ ]	Inspects fire rated assemblies.
25	_____	_____	[ ]	[ ]	Verifies that framed structures complies with approved plans.
26	_____	_____	[ ]	[ ]	Checks all insulation: walls, ceilings, floors, and ductwork

Item.	Date	Insp.	Pass	Fail	Final Inspection Tasks
27	_____	_____	[ ]	[ ]	Checks interior finishes.
28	_____	_____	[ ]	[ ]	Verify exhaust fan and dryer vent operations
29	_____	_____	[ ]	[ ]	Checks egress windows and safety glazing.
30	_____	_____	[ ]	[ ]	Inspects mechanical units. For attic units are lights, receptacles, and 24 inch walkways
31	_____	_____	[ ]	[ ]	Inspects exterior siding, roofing, and flashin
32	_____	_____	[ ]	[ ]	Inspects all stairs, balconies, and decks for handrails and guards.
33	_____	_____	[ ]	[ ]	Verifies compliance with approved plans or are as-builts and permit updates required
34	_____	_____	[ ]	[ ]	Inspects concrete flat work.
35	_____	_____	[ ]	[ ]	Inspects exterior grading for topo compliance

Comments

This inspection check off list shall serve as a genera guide line and may not include all the necessary inspections required to insure code compliance.

GLOBAL SIGN INDUSTRIES
MANUFACTURERS OF
INDOOR & OUTDOOR
SIGN APPLICATIONS
913 WILLIAM LEIGH DRVE, UNIT I, Tullytown, PA 19007
ph (215) 269. 9700 fx (215) 547. 2946
globalsgn@aol.com

Drawing # : (01) 0018-2 KS

Date : 3 - 8 - 01

Scale : 1/4" = 1'-0"

Client : HOLLYWOOD TANS

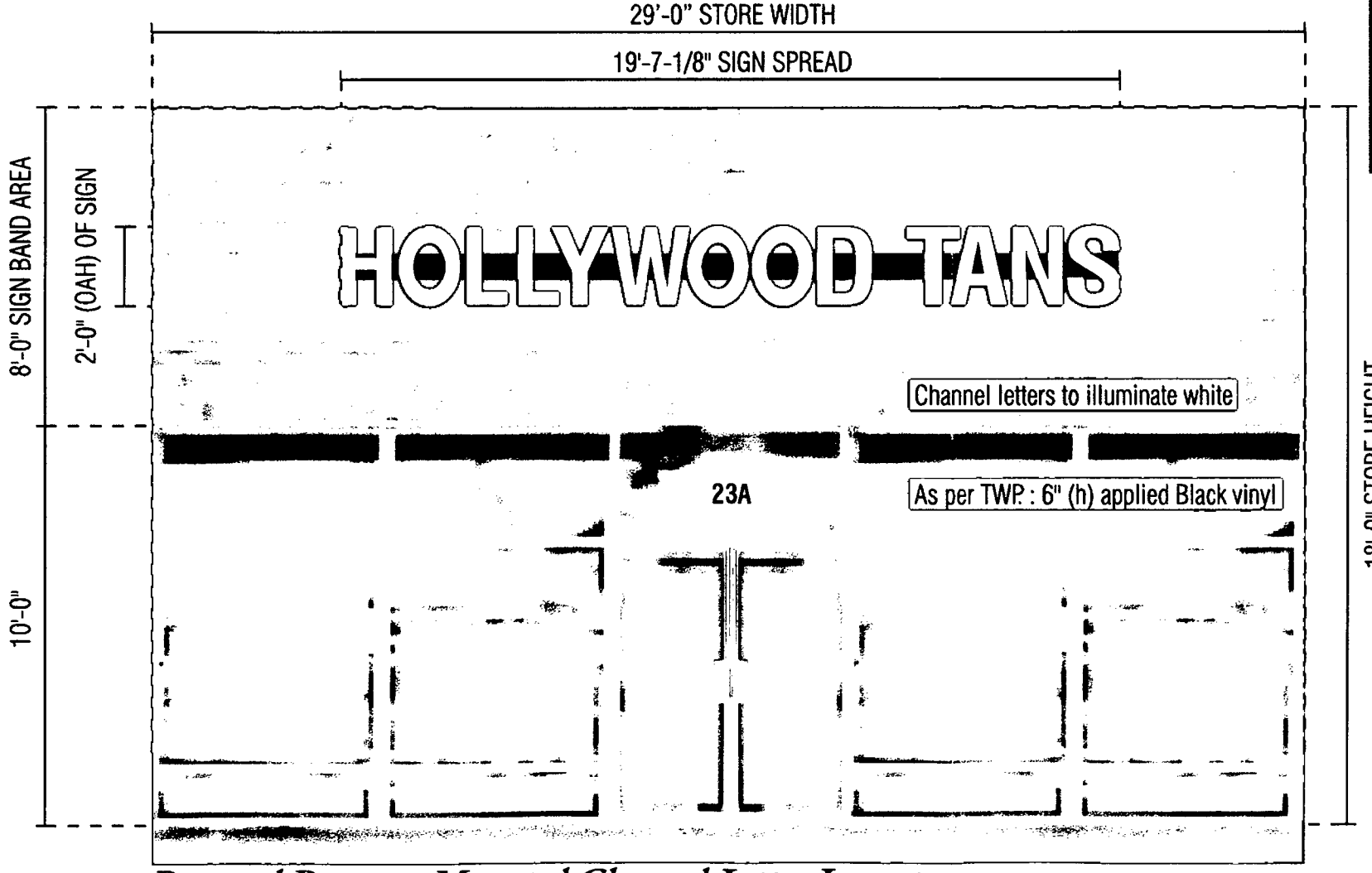
Address : c/o BRICK PLAZA
SPACE #23A
66 CHAMBERS BRIDGE ROAD

City : BRICK

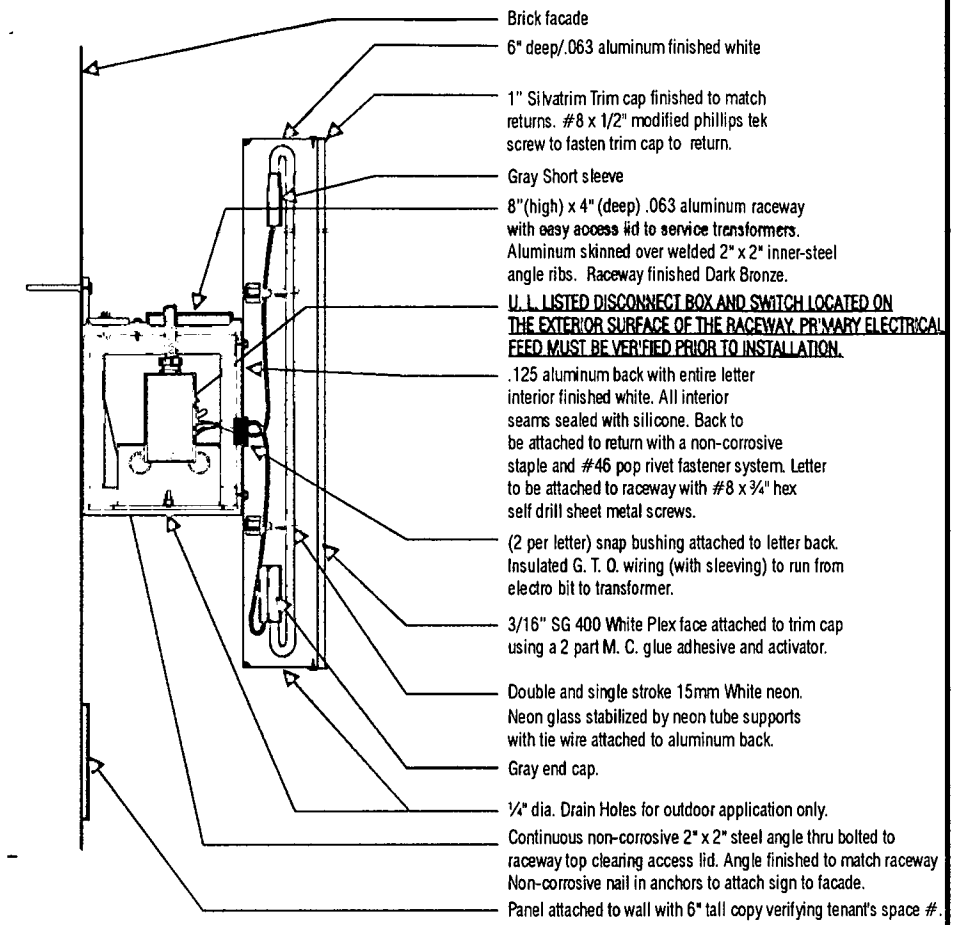
State : NJ

ZIP :

NOTE:
U. L. LISTED DISCONNECT BOX AND SWITCH LOCATED ON
THE EXTERIOR SURFACE OF THE RACEWAY. PRIMARY ELECTRICAL
FEED MUST BE VERIFIED PRIOR TO INSTALLATION.



Proposed Raceway Mounted Channel Letter Layout



* Note: All wiring and construction to be U. L. Listed and Labeled.
U. L. listed disconnect switch located on the exterior of the transformer box.

Typical Channel Letter on a Raceway Side Section SCALE : N. T. S.

ELECTRICAL TO BE U. L. APPROVED
AND SHALL MEET N. E. C. STANDARDS
Underwriters
Laboratories, Inc.
E209731
ELECTRIC SIGN

ATTACHMENT NOTE: Installation details shown on this drawing may not reflect actual wall conditions. A proper field verified survey is required to determine the exact wall type to insure a safe and secure method of mounting that is in accordance to all local and state code requirements.

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

01-0480

4-16-01

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 HOLLYWOOD TANS - C/O BRICK PLAZA (SPACE 23A) 50 CHAMBERS BRIDGE RD BRICK TWP. OCEAN CO., NJ

Owner in Fee FEDERAL REALTY INVESTMENT TRUST

Address 1626 EAST JEFFERSON STREET ROCKVILLE, MD 20852

Tele. (301) 988-8100

Contractor GLOBAL SIGN INDUSTRIES

Address 913 WM LEIGHT DR., BLDG I TULLYTOWN, PA 19007

Tele. (215) 269-4700 Fax (215) 547-2946

Lic. No. or Bldrs. Reg No.

Federal Emp. No. 23-2974993

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

(1) BLDG FACADE (W/ALL) SIGN

INDIVIDUAL ILLUM. LETTERS MOUNTED ON AN ELEC. RACEWAY

2'-0" H. x 19'-7 1/8" W. (SINGLE FACE)

PER DWG #(01)0018-2 KS (3/8/01)

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [X] All 3-22-01 FV
- [ ] 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				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [X] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Fence _____ Height (exceeds 6')
  - [X] Sign 39.2 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 $ 3,500.00
3. Total (1+ 2) $ 3,500.00

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

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

One and Two Family Inspections Only!

Item.	Date	Insp..	Pass	Fail	Footing, Foundation and Slab Inspections
1	_____	_____	[ ]	[ ]	Approved plans and zoning approval are on site.
2	_____	_____	[ ]	[ ]	Footing location complies with approved plan.
3	_____	_____	[ ]	[ ]	Verifies the excavation and soil conditions.
4	_____	_____	[ ]	[ ]	Verifies reinforcement is in place (if required).
5	_____	_____	[ ]	[ ]	Inspects foundation wall forms: Verifies reinforcement Verifies window and vent openings Verifies anchorage bolts or strap size and spacing. Verifies keyway is clean.
6	_____	_____	[ ]	[ ]	Inspects masonry wall: Correct block size and type pier/pilasters locations Verifies window and vent openings Verifies anchorage bolt or strap size and spacing.
7	_____	_____	[ ]	[ ]	Inspects parging and waterproofing.
8	_____	_____	[ ]	[ ]	Inspects perimeter drainage system
9	_____	_____	[ ]	[ ]	Inspects fill, vapor barrier, slab thickness, prim insulation, reinforcement, haunch footing and isolated piers.

Item.	Date	Insp.	Pass	Fail	Framing and Insulation Inspections
10	_____	_____	[ ]	[ ]	Checks sill plate for proper anchorage and for termite and decay protection.
11	_____	_____	[ ]	[ ]	Verify rooms, doors, and windows for size, height, light and ventilation requirements.
12	_____	_____	[ ]	[ ]	Inspects wall framing and bracing.
13	_____	_____	[ ]	[ ]	Inspects floor, ceiling, and roof framing. Checks size, grade, species, spacing, span, nailing, hardware, support, and bearing.
14	_____	_____	[ ]	[ ]	Inspects beams, girders, columns, and post for spacing, span, size, grade, species, bearing, and installation.
15	_____	_____	[ ]	[ ]	Verifies trusses match approved drawings and layouts. All bracing, hangers, bearing, and lumber grades match approved drawings
16	_____	_____	[ ]	[ ]	Inspects exterior walls and roof sheathing.
17	_____	_____	[ ]	[ ]	Inspects subflooring.
18	_____	_____	[ ]	[ ]	Inspects all stairs and stairway framing.
19	_____	_____	[ ]	[ ]	Verifies that allowable limits of cutting, notching, and boring have not been exceeded.
20	_____	_____	[ ]	[ ]	Inspects fireplace construction and installation.
21	_____	_____	[ ]	[ ]	Checks for clearances from combustibles.
22	_____	_____	[ ]	[ ]	Checks for firestopping and draft stopping.
23	_____	_____	[ ]	[ ]	Inspects attics and crawl spaces for access and ventilation.
24	_____	_____	[ ]	[ ]	Inspects fire rated assemblies.
25	_____	_____	[ ]	[ ]	Verifies that framed structures complies with approved plans.
26	_____	_____	[ ]	[ ]	Checks all insulation: walls, ceilings, floors, and ductwork.

Item.	Date	Insp.	Pass	Fail	Final Inspection Tasks
27	_____	_____	[ ]	[ ]	Checks interior finishes.
28	_____	_____	[ ]	[ ]	Verify exhaust fan and dryer vent operations
29	_____	_____	[ ]	[ ]	Checks egress windows and safety glazing.
30	_____	_____	[ ]	[ ]	Inspects mechanical units. For attic units are lights, receptacles, and 24 inch walkways
31	_____	_____	[ ]	[ ]	Inspects exterior siding, roofing, and flashin
32	_____	_____	[ ]	[ ]	Inspects all stairs, balconies, and decks for handrails and guards.
33	_____	_____	[ ]	[ ]	Verifies compliance with approved plans or are as-builts and permit updates required
34	_____	_____	[ ]	[ ]	Inspects concrete flat work.
35	_____	_____	[ ]	[ ]	Inspects exterior grading for topo compliance

Comments

This inspection check off list shall serve as a genera guide line and may not include all the necessary inspections required to insure code compliance.

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

01-0940
4-16-01

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 HOLLYWOOD TANS - C/O BRICK PLAZA (STORE 22A)
56 CHAMBERS BRIDGE RD, BRICK TWP, OCEAN CO., NJ
Owner in Fee FEDERAL REALTY INVESTMENT TRUST
Address 6126 EAST JEFFERSON STREET
ROCKVILLE, MD 20852
Tele. (301) 468-8100
Contractor GLOBAL SIGN INDUSTRIES
Address 913 WM LEIGHTY BLVD I
TULLYTOWN, PA 19007
Tele. (215) 269-1700 Fax (215) 547-2946
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-2974993

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

(1) BLDG FACADE (WALL) SIGN
INDIVIDUAL ILLUM. LETTERS
MOUNTED ON AN ELEC. RACEWAY
2'-0"H. x 19'-7 1/8" W. (SINGLE FACE)
PER DWG #(01)0018-2 KS (3/6/01)

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
[X] All 3-23 OLE
[ ] 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				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[X] Sign 39.2 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 $ 3500.00
3. Total (1+ 2) $ 3500.00

U.C.C. F110 (rev. 3/96)
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

One and Two Family Inspections Only!

Item.	Date	Insp..	Pass	Fail	Footing, Foundation and Slab Inspections
1	_____	_____	[ ]	[ ]	Approved plans and zoning approval are on site.
2	_____	_____	[ ]	[ ]	Footing location complies with approved plan.
3	_____	_____	[ ]	[ ]	Verifies the excavation and soil conditions.
4	_____	_____	[ ]	[ ]	Verifies reinforcement is in place (if required).
5	_____	_____	[ ]	[ ]	Inspects foundation wall forms: Verifies reinforcement Verifies window and vent openings Verifies anchorage bolts or strap size and spacing. Verifies keyway is clean.
6	_____	_____	[ ]	[ ]	Inspects masonry wall: Correct block size and type pier/pilasters locations Verifies window and vent openings Verifies anchorage bolt or strap size and spacing.
7	_____	_____	[ ]	[ ]	Inspects parging and waterproofing.
8	_____	_____	[ ]	[ ]	Inspects perimeter drainage system
9	_____	_____	[ ]	[ ]	Inspects fill, vapor barrier, slab thickness, prim insulation, reinforcement, haunch footing and isolated piers.

Item.	Date	Insp.	Pass	Fail	Framing and Insulation Inspections
10	_____	_____	[ ]	[ ]	Checks sill plate for proper anchorage and for termite and decay protection.
11	_____	_____	[ ]	[ ]	Verify rooms, doors, and windows for size, height, light and ventilation requirements.
12	_____	_____	[ ]	[ ]	Inspects wall framing and bracing.
13	_____	_____	[ ]	[ ]	Inspects floor, ceiling, and roof framing. Checks size, grade, species, spacing, span, nailing, hardware, support, and bearing.
14	_____	_____	[ ]	[ ]	Inspects beams, girders, columns, and post for spacing, span, size, grade, species, bearing, and installation.
15	_____	_____	[ ]	[ ]	Verifies trusses match approved drawings and layouts. All bracing, hangers, bearing, and lumber grades match approved drawings
16	_____	_____	[ ]	[ ]	Inspects exterior walls and roof sheathing.
17	_____	_____	[ ]	[ ]	Inspects subflooring.
18	_____	_____	[ ]	[ ]	Inspects all stairs and stairway framing.
19	_____	_____	[ ]	[ ]	Verifies that allowable limits of cutting, notching, and boring have not been exceeded.
20	_____	_____	[ ]	[ ]	Inspects fireplace construction and installation.
21	_____	_____	[ ]	[ ]	Checks for clearances from combustibles.
22	_____	_____	[ ]	[ ]	Checks for firestopping and draft stopping.
23	_____	_____	[ ]	[ ]	Inspects attics and crawl spaces for access and ventilation.
24	_____	_____	[ ]	[ ]	Inspects fire rated assemblies.
25	_____	_____	[ ]	[ ]	Verifies that framed structures complies with approved plans.
26	_____	_____	[ ]	[ ]	Checks all insulation: walls, ceilings, floors, and ductwork.

Item.	Date	Insp.	Pass	Fail	Final Inspection Tasks
27	_____	_____	[ ]	[ ]	Checks interior finishes.
28	_____	_____	[ ]	[ ]	Verify exhaust fan and dryer vent operations
29	_____	_____	[ ]	[ ]	Checks egress windows and safety glazing.
30	_____	_____	[ ]	[ ]	Inspects mechanical units. For attic units are lights, receptacles, and 24 inch walkways
31	_____	_____	[ ]	[ ]	Inspects exterior siding, roofing, and flashin
32	_____	_____	[ ]	[ ]	Inspects all stairs, balconies, and decks for handrails and guards.
33	_____	_____	[ ]	[ ]	Verifies compliance with approved plans or are as-builts and permit updates required
34	_____	_____	[ ]	[ ]	Inspects concrete flat work.
35	_____	_____	[ ]	[ ]	Inspects exterior grading for topo compliance

Comments

_____

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This inspection check off list shall serve as a genera guide line and may not include all the necessary inspections required to insure code compliance.

BUILDING 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 _____

Address _____

_____

Tele. (_____) _____

Contractor _____

Address _____

_____

Tele. (_____) _____ Fax (_____) _____

Lic. No. or Bldrs. Reg No. _____

Federal Emp. No _____

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 Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
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 _____
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 $ _____
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

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

One and Two Family Inspections Only!

Item.	Date	Insp..	Pass	Fail	Footing, Foundation and Slab Inspections
1	_____	_____	[ ]	[ ]	Approved plans and zoning approval are on site.
2	_____	_____	[ ]	[ ]	Footing location complies with approved plan.
3	_____	_____	[ ]	[ ]	Verifies the excavation and soil conditions.
4	_____	_____	[ ]	[ ]	Verifies reinforcement is in place (if required).
5	_____	_____	[ ]	[ ]	Inspects foundation wall forms: Verifies reinforcement Verifies window and vent openings Verifies anchorage bolts or strap size and spacing. Verifies keyway is clean.
6	_____	_____	[ ]	[ ]	Inspects masonry wall: Correct block size and type pier/pilasters locations Verifies window and vent openings Verifies anchorage bolt or strap size and spacing.
7	_____	_____	[ ]	[ ]	Inspects parging and waterproofing.
8	_____	_____	[ ]	[ ]	Inspects perimeter drainage system
9	_____	_____	[ ]	[ ]	Inspects fill, vapor barrier, slab thickness, prim insulation, reinforcement, haunch footing and isolated piers.

Item.	Date	Insp.	Pass	Fail	Framing and Insulation Inspections
10	_____	_____	[ ]	[ ]	Checks sill plate for proper anchorage and for termite and decay protection.
11	_____	_____	[ ]	[ ]	Verify rooms, doors, and windows for size, height, light and ventilation requirements.
12	_____	_____	[ ]	[ ]	Inspects wall framing and bracing.
13	_____	_____	[ ]	[ ]	Inspects floor, ceiling, and roof framing. Checks size, grade, species, spacing, span, nailing, hardware, support, and bearing.
14	_____	_____	[ ]	[ ]	Inspects beams, girders, columns, and post for spacing, span, size, grade, species, bearing, and installation.
15	_____	_____	[ ]	[ ]	Verifies trusses match approved drawings and layouts. All bracing, hangers, bearing, and lumber grades match approved drawings
16	_____	_____	[ ]	[ ]	Inspects exterior walls and roof sheathing.
17	_____	_____	[ ]	[ ]	Inspects subflooring.
18	_____	_____	[ ]	[ ]	Inspects all stairs and stairway framing.
19	_____	_____	[ ]	[ ]	Verifies that allowable limits of cutting, notching, and boring have not been exceeded.
20	_____	_____	[ ]	[ ]	Inspects fireplace construction and installation.
21	_____	_____	[ ]	[ ]	Checks for clearances from combustibles.
22	_____	_____	[ ]	[ ]	Checks for firestopping and draft stopping.
23	_____	_____	[ ]	[ ]	Inspects attics and crawl spaces for access and ventilation.
24	_____	_____	[ ]	[ ]	Inspects fire rated assemblies.
25	_____	_____	[ ]	[ ]	Verifies that framed structures complies with approved plans.
26	_____	_____	[ ]	[ ]	Checks all insulation: walls, ceilings, floors, and ductwork.

Item.	Date	Insp.	Pass	Fail	Final Inspection Tasks
27	_____	_____	[ ]	[ ]	Checks interior finishes.
28	_____	_____	[ ]	[ ]	Verify exhaust fan and dryer vent operations
29	_____	_____	[ ]	[ ]	Checks egress windows and safety glazing.
30	_____	_____	[ ]	[ ]	Inspects mechanical units. For attic units are lights, receptacles, and 24 inch walkways
31	_____	_____	[ ]	[ ]	Inspects exterior siding, roofing, and flashin
32	_____	_____	[ ]	[ ]	Inspects all stairs, balconies, and decks for handrails and guards.
33	_____	_____	[ ]	[ ]	Verifies compliance with approved plans or are as-builts and permit updates required
34	_____	_____	[ ]	[ ]	Inspects concrete flat work.
35	_____	_____	[ ]	[ ]	Inspects exterior grading for topo compliance

Comments

This inspection check off list shall serve as a genera guide line and may not include all the necessary inspections required to insure code compliance.

MEMO

From the desk of:

Bud Brauns

Global Sign Industries
913 William Leigh Dr. Bldg I
Tullytown, PA 19007
(215) 269-9700
(215) 547-2946 fax:

To: TINA (BLDG DEPT.)
BRICK TOWNSHIP

Date: TUESDAY 3/27/01

RE- SIGN PERMIT FEE: —
HOLLYWOOD TANS
@ BRICK PLAZA (SPACE #23A)
56 CHAMBERS BRIDGE ROAD

ENCLOSED PLEASE FIND GLOBAL SIGNS CHECK, IN THE AMOUNT OF $92.00/100, TO COVER THE ABOVE SUBJECT PERMIT FEE (S).

I WOULD APPRICATE YOUR ENCLOSING & SENDING US THE PERMITS IN THE ATTACHED PREPAID & PRE-ADDRESSED FED EXP. LTR. PKT. —

THANX, BUD BRAUNS

TOWNSHIP OF BRICK
ZONING PERMIT

Approved: March 15, 2001 **No. 1.0242**

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

Property Address: 56 Chambers Bridge Road, Brick Plaza (Space 23A).

Applicant: Bud Brauns

Property Owner: Federal Realty Investment Trust

Existing Use: Vacant unit (former Enchanted Castle Toys).

Proposed Use: Tanning salon (Hollywood Tans).

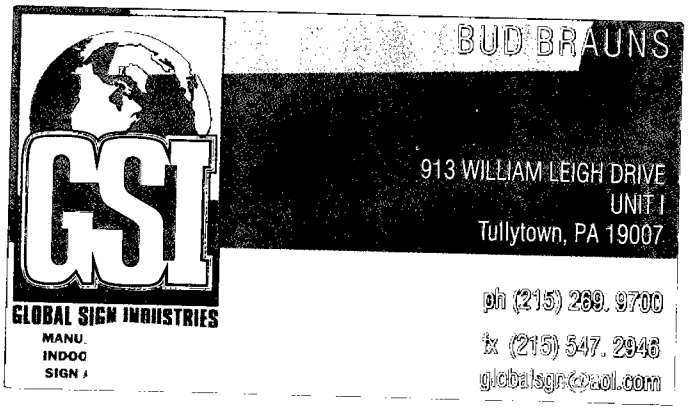
Proposed Construction: Replace wall sign, 2' x 19'7", "Hollywood Tans".

Conditions: The total sign area may not exceed 15% of the total 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


GSI
GLOBAL SIGN INDUSTRIES
MANU
INDOO
SIGN
BUD BRAUNS
913 WILLIAM LEIGH DRIVE
UNIT I
Tullytown, PA 19007
ph (215) 269. 9700
fx (215) 547. 2946
globalsgn@aol.com

RECEIVED
MAR 15 2001
ZONING

COMMERCIAL

TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

Block 671 Lot 8 Qualifer

PROPERTY ADDRESS BRICK PLAZA (SPACE 23A) 56 CHAMBERS BRIDGE RD.

PERSONAL NAME OF APPLICANT BUD BRAUNS / BARBARA MORRIS

BUSINESS NAME OF APPLICANT GLOBAL SIGN INDUSTRIES

PROPERTY OWNER FEDERAL REALTY INVESTMENT TRUST

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☑ Commercial (please describe) SHOPPING CENTER (TENANT SPACE EMPTY)

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☑ Commercial (please decribe) NEW TENANT — HOLLYWOOD TANS (TANNING SALON)

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 (ON FRONT FACADE)

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.

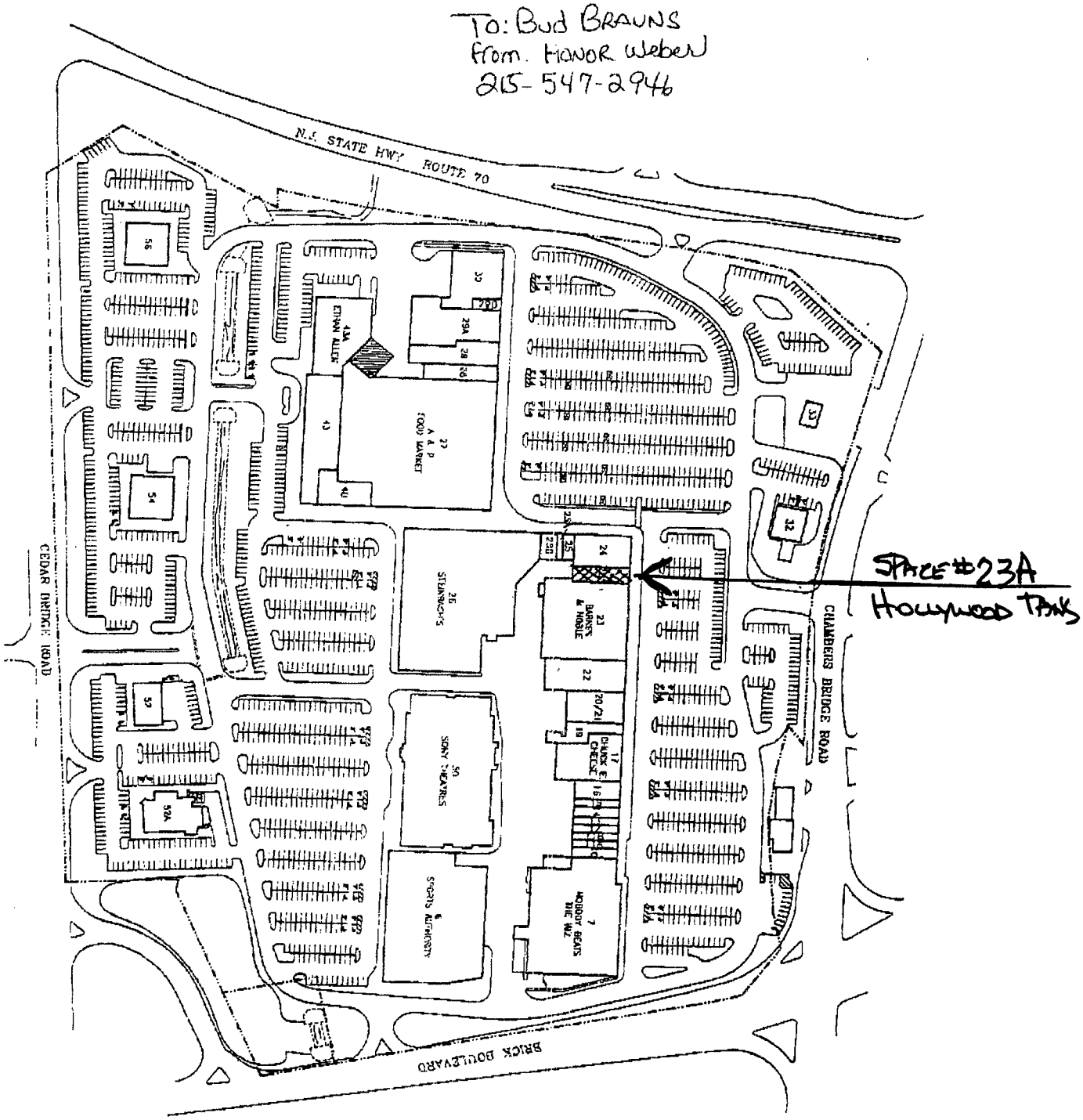
The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County,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

Signature of applicant Bud Braun Date 3/14/01

Reviewed by Zoning Office SE Date 3-15-1 (X) Approved ( ) Denied

EXHIBIT "A"

To: Bud Brauns
from. Honor Weber
215-547-2946



BRICK PLAZA – BLOCK #671, LOT #8

FEDERAL REALTY INVESTMENT TRUST 1626 East Jefferson Street Rockville, Maryland 20852 (301) 998-8100	project BRICK PLAZA BRICK, NEW JERSEY	revised 08/01/96 11/01/96 03/03/97 01/05/98 07/01/98	LEASE PLAN drawn BLJ 04/95 property no. 500-1047 NORTH

HOLLYWOOD TANS (SPACE #23A)
56 CHAMBERS BRIDGE ROAD
BRICK TWSP, OCEAN CO., NJ 08723

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK_____ LOT_____ SITE ADDRESS_____
TYPE OF SITE ___Residential / Commercial_____ TYPE OF BUSINESS_____

APPLICANT_____ PHONE NUMBER_____
APPLICANT ADDRESS_____ CITY & STATE_____
PERMIT #_____ NAME OF BUSINESS_____

INCLUSIONARY DEVELOPMENT

◊ Affordable — Fee Required _____ Date_____
Down Payment _____ Date_____
Balance _____ Date _____
Paid In Full _____ Date _____

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01 %

Estimated Assessment $_____ Date_____

Estimated Required Fee $_____

Required Deposit on Estimate $_____ Date_____

Check #_____ Receipt #_____

Actual Assessment $_____ Date_____

Actual Required Fee $_____

Minus Deposit of Estimate $_____

Balance Due $_____ Date_____

Check #_____ Receipt #_____

Amount Paid In Full $_____

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.

NO FEE REQUIRED

APPROVED BY _____ DATE 3/22/01

_____
Carol A. Wolfe
Affordable Housing Administrator

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: _____

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK _____ LOT _____ SITE ADDRESS _____

TYPE OF SITE _____ TYPE OF BUSINESS _____
(Residential/Commercial)

APPLICANT _____ CITY & STATE _____ _____

❒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

❒ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold