BLOCK 671 LOT 8 C21-671 QUALIFICATION CODE _____ ADDRESS (SITE) 1000 CHAMBERSBURG RD. PERMIT NO. 99-3010

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: Brick Plaza 1000 Chambersburg Rd & Brick Blvd
2. Name of Owner in Fee: Federal Realty / Comcast Tel. (215) 657-8740
   Address 1000 Chambersburg Rd (street) Hotbrookville Brick (municipality) 08723 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Capitol Sign Tel. (215) 822 0166
   Address PO Box 788 Rt 309 + 3000 St Lansdale PA 19446
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 236030536 FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work Matt Robinson
   Tel. (215) 822 0166 FAX (215) 822 8721

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	5		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other	30		
13.	TOTAL	$ 105		

NO FEE REQUIRED

APPROVED BY _____ DATE 6-25-99

VI. BUILDING/SITE CHARACTERISTICS

COMMERCIAL

		(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	OPTIONAL (for office use only) Plans Req'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	6200								
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☒ Electrical					6 30 99	MM			
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		FMC	6/24/99		6/24/99	JL			
	TOTAL COSTS	6200								

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-3) CABO
5. ☐ One-Family (R-4) 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: Comcast
2. Use Group:
3. Change in Use Group, Indicate Former:

I.B.T. MANDATORY COMMERCIAL

LDS BR 10401427

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 MATT ROBINSON

Address RTE 309 & BROAD ST. PO BOX 788
LANSDALE PA 19446

Telephone (215) 822 0166

Signature _____

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.				

0004
3010*#
BLOCK 671 #
LOT 8 #
08/09/99 NO. 5 0024A005

	0.00
	0.00
BUILDING	35.00
ELETRIC*	35.00
D.C.A.	5.00
ZONEPLOT	15.00
ENG P.R.	15.00
TOTAL	105.00
CHECK	105.00
CHANGE	0.00
	11:51

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/09/99
Control #
Permit # 99-3010

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 671 Lot 8 Qual

Work Site Location 1000 CHAMBERSBRIDGE RD COMCAST SIGN
Owner in Fee FEDERAL REALTY
Address SAME
BRICK, NJ 08723-
Telephone (215)657-8740

Contractor CAPITOL SIGN SYSTEMS
Address ROUTE 309, BROAD ST
LANSDALE, PA 19446-
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-1630536

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
EXTERIOR SIGN ON FRONT FACADE FOR CELLULAR PHONE STORE

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 $ 6,500

Construction Official

08/09/99
Date

PAYMENTS (Office Use Only)

Building	35
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	5
Cert. of Occupancy	0
Other ZONE	
Total	75
Check No.	41646
Cash	
Collected By	IL

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/21/99
Date Issued 8/9/99
Control # C21-671
Permit # 99-3010

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 1000 CHAMBERSBRIDGE RD COMCAST SIGN
Owner in Fee FEDERAL REALTY
Address SAME
BRICK, NJ 08723-
Tele.(215)657-8740
Contractor CAPITOL SIGN SYSTEMS
Address ROUTE 309, BROAD ST
LANSDALE, PA 19446-
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-1630536

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	7-16-99	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] 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 Proposed B
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 $ 6,200
3. Total (1+2)$ 6,200

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

EXTERIOR SIGN ON FRONT FACADE FOR CELLULAR PHONE STORE

Per Zoning Regulations

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 33 Sq. Ft.	33
[ ] 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	$ 2
TOTAL FEE	$ 35
DCA Training Fee	$ 5

Paid [ ] Check #
Collected by:

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 06/21/99
Date Issued 8/9/99
Control # C21671
Permit # 99-3010

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 1000 CHAMBERSBRIDGE RD COMCAST SIGN
Owner in Fee FEDERAL REALTY
Address SAME
BRICK, NJ 08723-
Tele.(215)657-8740
Contractor CAPITOL SIGN SYSTEMS
Address ROUTE 309, BROAD ST
LANSDALE, PA 19446-
Tele.(__) Fax (__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-1630536

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

EXTERIOR SIGN ON FRONT FACADE FOR CELLULAR PHONE STORE

Per Zoning Regulations

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	7-16-99	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] GA
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 _____ Proposed B
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 $ 6,200
3. Total (1+2) $ 6,200

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 33 Sq. Ft.	33
[ ] 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	$ 2
TOTAL FEE	$ 35
DCA Training Fee	$ 5

Paid [ ] Check # _____
Collected by: _____

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 8/9/99
Date Issued
Control #
Permit # 99-3010

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 1000 CHAMBERSBURG RD & BRICK BLVD SPACE #16 BRICK TWP NJ.
Owner in Fee/Occupant FEDERAL REALTY / COMCAST CELLULAR
Address 1000 CHAMBERSBURG RD & BRICK BLVD. SPACE #16 BRICK, NJ
Tele. (215) 657 8740
Contractor SKi ELECTRICAL CONTRACTORS.
Address 604 N. FIFTH. ST NATIONAL PARK NJ. 08063
Tele. (609) 848-4070 Fax ( ) _____
Lic. No. 11387
Federal Emp. No. 22-3175420

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 900.00

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
Joint Plan Review Required:		
[ ] Building [ ] Plumbing		
[ ] Fire [ ] Elevator		
[X] Elec. Plans Approved		
Date: 6 30 99		
Approved by:		

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other		9 9 PM		
Service				
Final				

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

ELECTRICAL CONTRACTOR STATE OF NEW JERSEY LICENSED ELECTRICAL CONTRACTOR 11387

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	35.
		.....	
		.....	

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

UCC/PRO F-120 (REV3/96)
Professional Printing
(609) 468-7933

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 8/9/99
Date Issued
Control #
Permit # 99-3010

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 1000 CHAMBERSBURG RD & BRICK BLVD. SPACE #16 BRICK TWP. NJ.
Owner in Fee/Occupant FEDERAL REALTY / COMCAST CELLULAR
Address 1000 CHAMBERSBURG RD. & BRICK BLVD. SPACE # 16 BRICK, NJ
Tele. (215) 657 8740
Contractor SKi ELECTRICAL CONTRACTORS.
Address 604 N. FIFTH. ST NATIONAL PARK NJ. 08063
Tele. (609) 848-4070 Fax ( ) _____
Lic. No. 11387
Federal Emp. No. 22-3175420

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as COMMERCIAL Utility Co. _____
Est. Cost of Elec. Work $ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 6 30 99
Approved by: MM

INSPECTIONS

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

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

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

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	35.

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

UCC/PRO F-120 (REV3/96)
Professional Printing
(609) 468-7933

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

TOWNSHIP OF BRICK
ZONING PERMIT

Permit Approved: June 21, 1999 No. 1999-1005

Block 671 Lot 8 Zone: B-3, G.B.

Property Address: 1000 Chambers Bridge Road/Brick Plaza

Owner: Federal Realty Phone: 215-657-8740

Applicant: Matt Robinson @ Capital Sign Phone: 215-822-0166

Existing Use: Vacant retail unit

Proposed Use: Same

Proposed Construction: channel letters wall sign, 13'7" x 2'4", "Comcast Cellular One"

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

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis which 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 P. Kinnevy
Zoning Officer

RECEIVED
JUN 21 1999
ZONING

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

BLOCK 971 LOT 8

PROPERTY ADDRESS 1000 Chambersburg Rd + Brick Blvd

NAME OF OWNER Federal Realty / Comcast Metrophone OWNER'S PHONE (215) 657-8740

NAME OF APPLICANT Matt Robinson / Capitol Sign Systems

APPLICANTS COMPLETE ADDRESS PO Box 788 Rt 309 + Broad St Lansdale PA 19446

APPLICANT'S PHONE NUMBER (215) 822 0166 APPLICANT'S BUSINESS NAME Capital Sign

PRESENT USE OF PROPERTY (check one)

☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment

☒ Commercial (please describe) Shopping Center

☐ Other (please describe) _____

PROPOSED USE OF PROPERTY (check one)

☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment

☒ Commercial (please describe) Cellular Phone Store

☐ Other (please describe) _____

PROPOSED CONSTRUCTION Single faced Wall Sign - illuminated channel letters

All Dimensions [redacted]" W 13'-7" L 2'-4" Ht 32.64 ☑'

Deck or Garage ☐ Attached ☐ Detached

Fence Type _____ Ht _____

CHECKLIST:

☒ All information completed above

☐ Two (2) accurate Survey / Plot Plans containing:

- ☐ all existing and proposed structures
- ☐ all dimensions of lot and structures
- ☐ set backs to all property lines
- ☐ all streets and waterways shown

☐ If approved by Planning Board or Board of Adjustments, include copy of resolution

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

Signature of Applicant _____ Date 5/13/99

Reviewed by Zoning Officer Date 6/21/99 ☒ Approved ☐ Rejected

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

Joseph C. Scarpelli, Mayor

Township Council:
Helen Fayad – President
Martin J. Anton
Victor Cantillo
Gregory S. Kavanagh
Mary Lou Powner
Kathy M. Russell
Frederick J. Underwood, Sr.

Department of Administration & Fi

Division of Inspections
Joseph Curlazza
Construction Official
(732) 262-1030
Fax (732) 262-8954
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

COMMERCIAL

Date: 6/21/99

Municipal Engineer
401 Chambers Bridge Rd
Brick, N.J. 08723

RE: Block: 671 Lot: 8

I, MATT ROBINSON (name) of 1000 CHAMBERSBURG RD. (address)

request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190-31, part B. The property (circle one) is / is not located in a flood zone.

Respectfully yours,

applicant's signature

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.

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

Note: Any excavations to be removed from the Township requires mining permit.

OFFICE USE

Approved X Date: 6/24/99 By:

Rejected Date: By:

Remarks: No Other Site Work

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 671 LOT 8 SITE ADDRESS Bird Plaza
TYPE OF SITE Residential / (Commercial) TYPE OF BUSINESS Sign
Mark Robinson
APPLICANT A.A. Tel Sign PHONE NUMBER 215.822.0116
APPLICANT ADDRESS P.O. Box 795 CITY & STATE Lansdale Pa
PERMIT # C21-671 NAME OF BUSINESS American Metro Phone

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 %

X Commercial is .01 %

Estimated Assessment $ 0 Date 6 24 99

Estimated Required Fee $ 0

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.

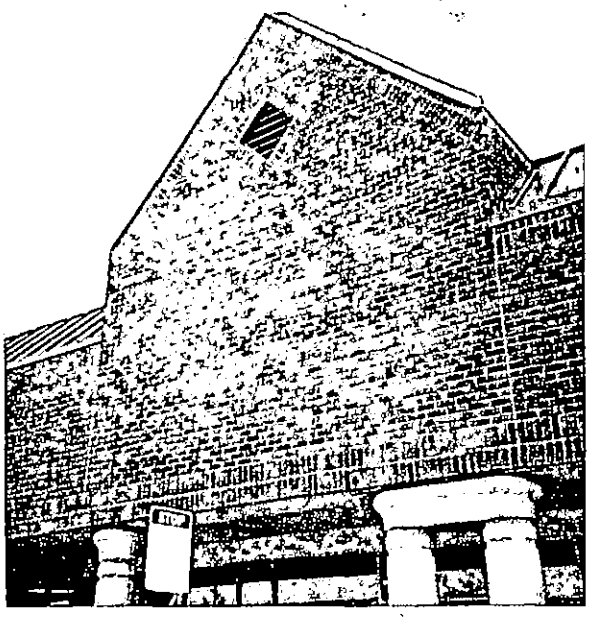
NO FEE REQUIRED

_____

Carol A. Wolfe
Affordable Housing Administrator

APPROVED BY KT DATE 6.25.99

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




Sight Saver
Optical

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: 6-24-99

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 671 LOT 8 SITE ADDRESS Brick Plaza Sign

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS Comcast Metro Phone

APPLICANT Capital Sign CITY & STATE Lansdale, Pa

☒ 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:

$ 0 EE

Frederick R. Millman

Frederick R. Millman, CTA, Tax Assessor

6/24/99

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

Capitol SIGN SYSTEMS

August 4, 1999

BRICK TOWNSHIP
Zoning Department
411 Chambersbridge Road
Brick, NJ 08723

Enclosed you will find our check #41646 in the amount of $105.00 in payment of signage permits for Comcast Communications located in Brick Plaza. I am unable to make the trip to physically pick up the permits, so I would appreciate you mailing them to me.

Thank you for your assistance.

Respectfully,

CAPITOL SIGN SYSTEMS
Matt Robinson/mp
Matthew J. Robinson
Senior Account Executive

MJR/mp/3528

Route 309 & Broad St., P.O. Box 788, Lansdale, PA 19446-0632 • (215) 822-0166/(215) 646-7111 Fax (215) 822-0380/(215) 822-8721

PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: 1000 CHAMBERSBURG RD. Date Rec'd.:
Block: 671 Lot: 8 Date Issued:
Owner in Fee: FEDERAL REALTY Control #:
Address: 1000 CHAMBERSBURG RD. Permit #:
BRICK
State: NJ Zip: 08723 Phone: ( )
SS #: Provide only if Applicant is owner

N/A

PLUMBING SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

Estimated Cost of Plumbing Work: $
Signature:

Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR: CAPITOL SIGN SYSTEMS
ADDRESS: RTE 309 & BROAD ST. PO BOX 788
LANSDALE PA 19446
PHONE: 215 822 0166
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #): 231630536

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

INSTALL EXTERIOR BUILDING IDENTIFICATION SIGN, 13'7" L x 2'4" H = 32.64 ☐ ON FRONT FACADE.

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☒ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature:

Estimated Cost of Building Work:
New Building (1): $
Aleration (2): $ 6200.00
TOTAL (1+2): $ 6200.00
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM

PLEASE PRINT

NOTE: PRIMARY WIRING FOR SIGNS ARE CONTROLLED BY S/C LANDLORD. WE ARE CONNECTING TO EXISTING PRIMARY 732-477-4102
2TTV N/A CONTACT: JOHN KENDALL N/A

ELECTRICAL SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION ITEMS	QTY	SIZE
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		

Existing per Plans

TOTAL NUMBERS

Pool Permit w/UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range / Receptacle	KW
KW Oven / Surface Unit	KW
KW Elec. Water Heater	KW
KW Elec. Dryer / Receptacle	KW
KW Dishwasher	KW
HP Garbage Disposal	HP
KW Central A/C Unit	KW
HP/KW Space Heater/Air Handler	HP/KW
KW Baseboard Heat	KW
HP Motors 1/+ HP	HP
KW Transformer/Generator	KW
AMP Service	AMP
AMP Subpanels	AMP
AMP Motor Control Center	AMP
AMP Elec. Sign/Outline Light	KW
Other	
Other	
Other	
Other	

Estimated Cost of Electrical Work: $
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervsion
Proprietary Supervision

Flammable Liquip Storage Tanks Capacity: Fuel:
Combustable Liquid Storage Tanks Capacity: Fuel:
L.G.P. Storage Tanks Capacity: Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
Other	
Other	

Estimated Cost of Fire Protection Work: $
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by: