Zoning Jean Canning 132-262-1041 C28-71

BLOCK 671 LOT 8 QUALIFICATION CODE ____ ADDRESS (SITE) ____ PERMIT NO. 99-4362

CONSTRUCTION PERMIT APPLICATION

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

56 Chamberlain Dr

I. IDENTIFICATION

1. Propsed Work Site at: #2 BRICK PLAZA ~~DR~~ CHAMBERS BRIDGE RD.
2. Name of Owner in Fee: THE WIZ (FED. REALTY Tel. (732) 658-3850
   Address 2045 LINCOLN Hwy EDISON NJ 08817
   street municipality zip code
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: NEON EAGLE SIGN CORP Tel. (718) 854-6161
   Address 223 25TH ST. BROOKLYN NY 11232
   License No. OR, if new home Builder Reg. No 17978 Exp. Date 3/2000
   Federal Employee No. [redacted] FAX: (718) 965-2139
5. Architect or Engineer ____ Tel. ( ) ____
   Address ____
6. Responsible Person in Charge of Work LARRY PATICANO
   Tel. (718) 854-6161 FAX (718) 965-2139

CALL LARRY AT NEON EAGLE WHEN READY 718 854-6161 RLG

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 172		
2. Electrical	35		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	15 3		
11. Cert. of Occupancy			
12. Other	30 240		
13. TOTAL	$		

NO FEE REQUIRED

APPROVED BY ____ DATE 11-5-99

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 COMMERCIAL	
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									
2. ☐ New Building		VAB	10/28/99						
3. ☐ Addition									
4. ☒ Alteration	X 4000.00								
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☒ Electrical	X 200.00				11-9-99	MW			
8. ☐ Asbestos Abat. Subch. 8									
9. ☐ Asbestos Abat. Subch. 10									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		ENC	10/29/99		10/29/99	JL			
TOTAL COSTS	X 4200.00								

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) 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 0
Net Gain or Loss ____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group: Retail - M
3. Change in Use Group, Indicate Former:

MANDATORY FEE N.J.S.A. 52:27D-123.17

LDS BR 10401430

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(X Check if contractor.

Agent Name X Moon Eagle Sign Corporation

Address 223 25th Street

Brooklyn NY 11232

Telephone (718) 854-8161

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. _____	_____	_____	_____	_____

0010
4362**

BLOCK	0.00
671 #	0.00
LOT	0.00
80	0.00
LOT	0.00
BUILDING	172.00
ELETRIC*	35.00
D.C.A.	3.00
ZONEPLOT	15.00
ENG P.R.	15.00
TOTAL	240.00
CHECK	240.00
CHANGE	0.00

11/17/99 NO. 5 0023A005 15:31

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 11/17/99
Control #
Permit # 99-4362

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 671 Lot 8 Qual

Work Site Location 56 CHAMBERSBRIDGE RD
SIGN
Owner in Fee FEDERAL REALTY/THE WIZ
Address 2045 LINCOLN HWY
EDISON, NJ 08817-
Telephone (732)650-3850

Contractor NEON EAGLE SIGN CORP
Address 223 25TH ST
BROOKLYN, NY 11232-
Telephone (718)854-6161
Lic. No. or Bldr. Reg. No. 12838
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REMOVE EXISTING EXTERIOR SIGNS ON BUILDING AND REPLACE W/ NEON ONES
ALSO, ALL FACES ON PYLON SIGNS CHANGE FACES ONLY
EACH SIGN 86 SQ FT X 2 = 172 SQ FT

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 $ 4,200

J. Curazza/bt
Construction Official

11/17/99
Date

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

PAYMENTS (Office Use Only)

Building	172
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	3
Cert. of Occupancy	0
Other CAP	30
Total	240 — 210
Check No.	3727
Cash	
Collected By	LRT

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/28/99
Date Issued 11/17/99
Control # C28-71
Permit # 99-4362

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

Block 671 Lot 8 Qual
Work Site Location 56 CHAMBERSBRIDGE RD
SIGN
Owner in Fee FEDERAL REALTY/THE WIZ
Address 2045 LINCOLN HWY
EDISON, NJ 08817-
Tele.(732)650-3850
Contractor NEON EAGLE SIGN CORP
Address 223 25TH ST
BROOKLYN, NY 11232-
Tele.(718)854-6161 Fax (718)965-2139
Lic. No. or Bldrs. Reg. No. 12838
Federal Emp. No. [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	11-5-99	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 4,000
3. Total (1+2)$ 4,000

Industrialized Building:
[ ] State Approved
[ ] HUD

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

REMOVE EXISTING EXTERIOR SIGNS ON BUILDING AND REPLACE W/ NEON ONES
ALSO, ALL FACES ON PYLON SIGNS CHANGE FACES ONLY
EACH SIGN 86 SQ FT X 2 = 172 SQ FT

Thru Bolted w/ 1/2" Lags

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 172 Sq. Ft.	172
[ ] 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	$ 0
TOTAL FEE	$ 172
DCA Training Fee	$ 3

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 10/28/99
Date Issued 11/1/99
Control # C28-71
Permit # 99-4362

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

Block 671 Lot 8 Qual
Work Site Location 56 CHAMBERSBRIDGE RD
SIGN
Owner in Fee FEDERAL REALTY/THE WIZ
Address 2045 LINCOLN HWY
EDISON, NJ 08817-
Tele.(732)650-3850
Contractor NEON EAGLE SIGN CORP
Address 223 25TH ST
BROOKLYN, NY 11232-
Tele.(718)854-6161 Fax (718)965-2139
Lic. No. or Bldrs. Reg. No. 12838
Federal Emp. No. [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	11-5-99	FG
[ ] 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 U Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 4,000
3. Total (1+2)$ 4,000

Industrialized Building:
[ ] State Approved
[ ] HUD

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

REMOVE EXISTING EXTERIOR SIGNS ON BUILDING AND REPLACE W/ NEON ONES
ALSO, ALL FACES ON PYLON SIGNS CHANGE FACES ONLY
EACH SIGN 86 SQ FT X 2 = 172 SQ FT

Thru Bolted w/ 1/2" Lags

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 172 Sq. Ft.	172
[ ] 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	$ 0
TOTAL FEE	$ 172
DCA Training Fee	$ 3

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 10/28/99
Date Issued 11/17/99
Control # C28-71
Permit # 99-43623

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

Block 671 Lot 8 Qual
Work Site Location 56 CHAMBERSBRIDGE RD
SIGN
Owner in Fee FEDERAL REALTY/THE WIZ
Address 2045 LINCOLN HWY
EDISON, NJ 08817-
Tele.(973)523-9400 Fax ( )
Contractor NORTHSTAR LIGHTING
Address 302 DAKOTA STREET
PATERSON, NJ 07503-
Tele.(973)523-9400
Lic. No. or Bldrs. Reg. No. 12838
Federal Emp. No. 22-3442818

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 11-8-99
Approved By:

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

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temp Serv				
Const 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

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
2	2	KW Elect Sign/Outline Light	18
		Other	0
		Other	0

Administrative Surcharge	$ 0
Minimum Fee	$ 17
TOTAL FEE	$ 35
DCA Training Fee	$ 0

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 10/28/99
Date Issued 11/17/99
Control # C28-71
Permit # 99-4362

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

Block 671 Lot 8 Qual
Work Site Location 56 CHAMBERSBRIDGE RD
SIGN
Owner in Fee FEDERAL REALTY/THE WIZ
Address 2045 LINCOLN HWY
EDISON, NJ 08817-
Tele.(973)523-9400 Fax ( )
Contractor NORTHSTAR LIGHTING
Address 302 DAKOTA STREET
PATERSON, NJ 07503-
Tele.(973)523-9400
Lic. No. or Bldrs. Reg. No. 12838
Federal Emp. No. 22-3442818

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 11-16-99
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const 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

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
2	2	KW Elect Sign/Outline Light	18
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 17
Collected by: TOTAL FEE $ 35
DCA Training Fee $ 0

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

TOWNSHIP OF BRICK
ZONING PERMIT

Permit Approved: October 28, 1999 **No. 1999-**1712

Block: 671 **Lot:** 8 **Zone:** B-3,H.D.

Property Address: 56 Chambers Bridge Road, 2 Brick Plaza

Owner: Federal Realty Investment Trust

Applicant: Steve Paterno **Phone:**854-6161

Existing use: Retail unit "Nobody Beats the Wiz"

Proposed use: same

Proposed construction: Replacing two wall signs, each 21'4" x 4', "The Wiz"

Conditions: Total sign area may not exceed 15 % of 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

RECEIVED
OCT 28 1999
ZONING

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

BLOCK 671 LOT 8.56

PROPERTY ADDRESS (number and street) #2 BRICK PLAZA. ~~100~~ CHAMBERS BRIDGE R

NAME OF PROPERTY OWNER FEDERAL REALTY INVESTMENT TRUST.

PERSONAL NAME OF APPLICANT ~~MR~~ STEVE PATERNO.

BUSINESS NAME OF APPLICANT NEONEAGLE SIGN CORP.

MAILING ADDRESS OF APPLICANT 2233 25TH ST. BROOKLYN, NY 11232

TELEPHONE NUMBER OF APPLICANT 718 854-6161

PRESENT USE OF PROPERTY(check all that apply)

___Vacant Lot ___Single-family dwelling ___Multi-family Dwelling

✓Commercial(please describe) RETAIL

PROPOSED USE OF PROPERTY(check all that apply)

___Vacant Lot ___Single-family dwelling ___Multi-family Dwelling

✓Commercial(please describe) RETAIL

PROPOSED CONSTRUCTION ✓ (2) SIGNS ON BUILDING. LOCATED ON BUILDING. SAME DIMENSION FOR BOTH.

___All dimensions: ✓11" Width 21'-4" Length ✓4' Height

Deck or Garage: _____Attached _____Detached _____Height

Fence: Style_____ Material_____ Height_____

CHECKLIST:

___All information completed above

___Two (2) copies of the property survey map containing:

___All existing and proposed structures

___All dimensions of the lot and structures

___All setbacks from the structures to the property lines

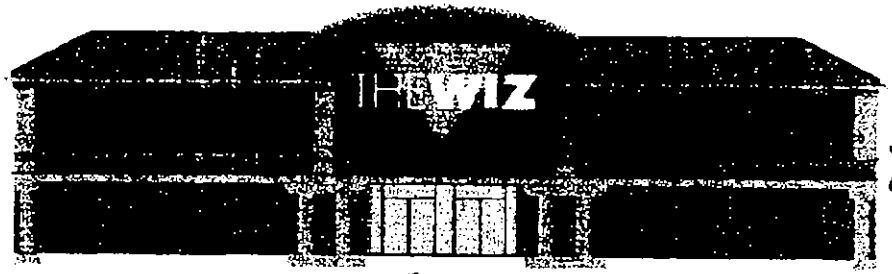
___All adjacent streets and waterways

___If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the site 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 _____ Date 10/20/99

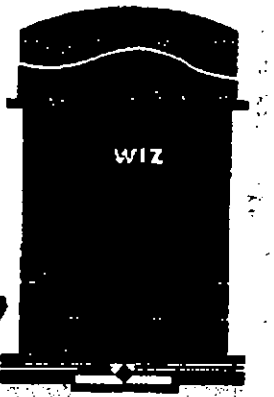
Reviewed by Zoning Officer Date 10/28 ✓Approved ()Rejected



FRONT ELEVATION

SIDE ELEVATION

ROAD SIGN ELEVATION



LANDLORD

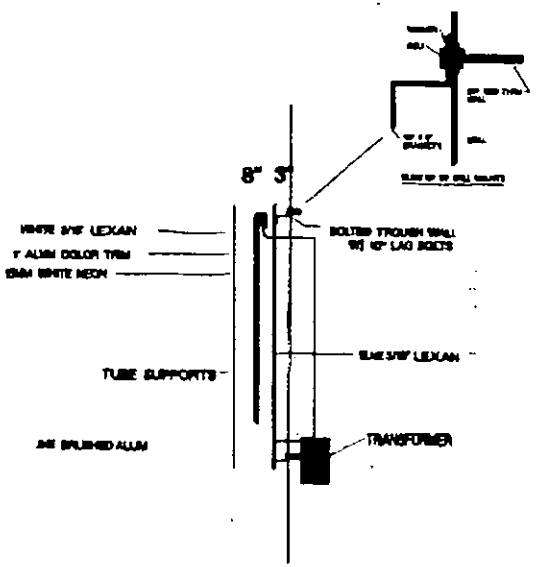
- [X] APPROVED
- [ ] APPROVED AS NOTED
- [ ] NOT APPROVED
- [ ] REVISE & RESUBMIT
- [ ] PROCESS FOR CONSTRUCTION

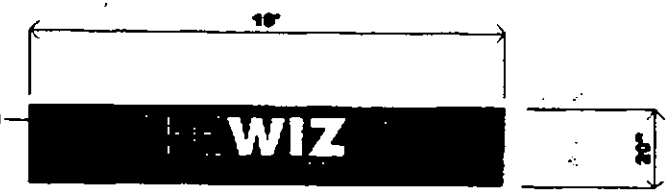
BY MLS DATE 10/12/99

TENANT _____

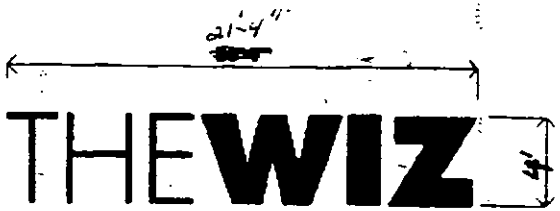
BY _____ DATE _____

"LANDLORD'S APPROVAL OF TENANT DRAWINGS SHALL IN NO WAY BE CONSTRUED TO ABROGATE OR NOTIFY THE TERMS OF THE LEASE AGREEMENT."





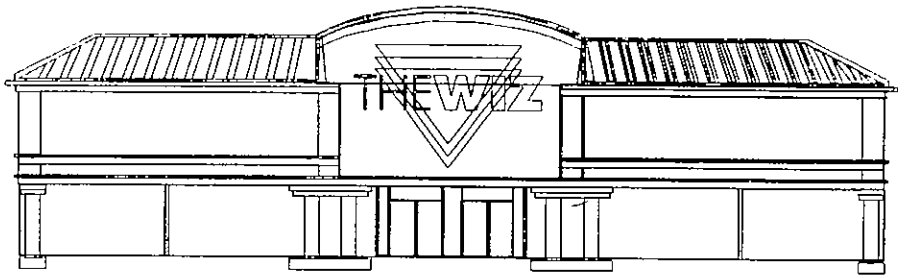
ROAD SIGN ELEVATION



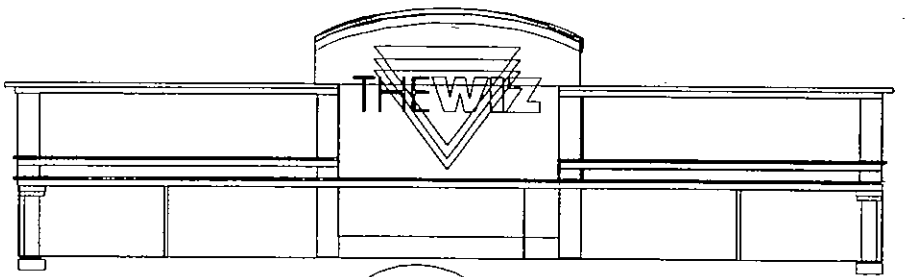
FRONT & SIDE ELEVATION

THEWIZ
BRICK, N.J.

NEON EAGLE SIGN CORPORATION

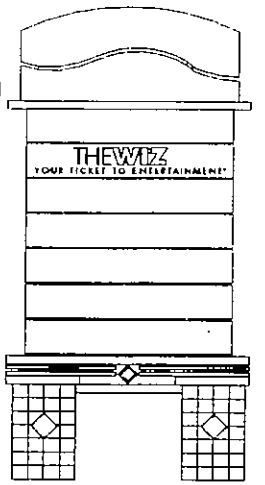


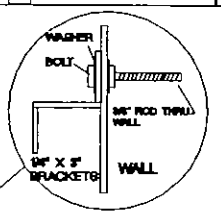
FRONT ELEVATION



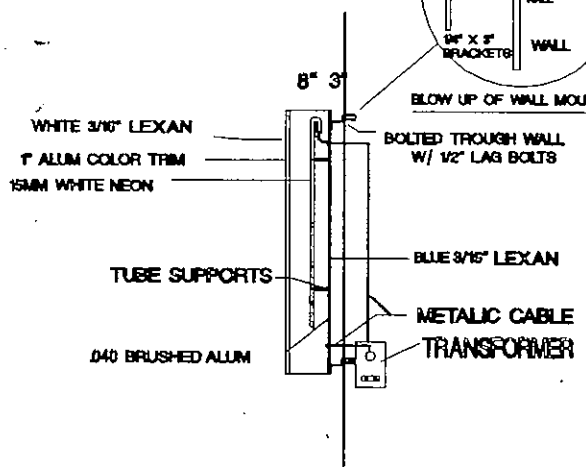
SIDE ELEVATION

ROAD SIGN ELEVATION

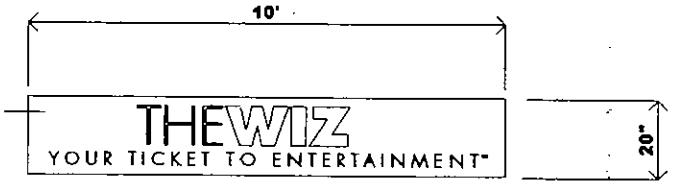




BLOW UP OF WALL MOUNTS



BLUE VINYL OVERLAY WITH WHITE COPY



ROAD SIGN ELEVATION

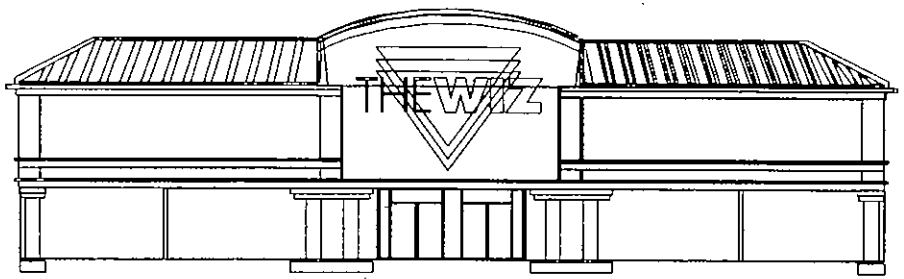
21'-4"

FRONT & SIDE ELEVATION

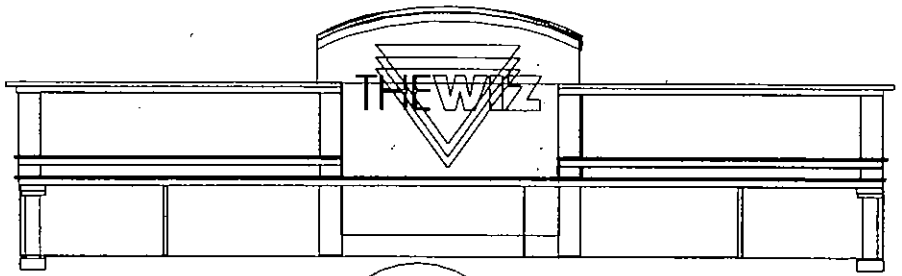
THEWIZ
YOUR TICKET TO ENTERTAINMENT
BRICK, N.J.

NEON EAGLE
SIGN CORPORATION
229 38TH STREET BROOKLYN, NY 11232
718-854-8181

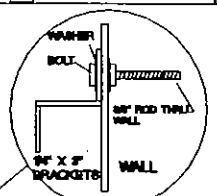
DATE	DRAWN BY
9/2/99	KMartinez



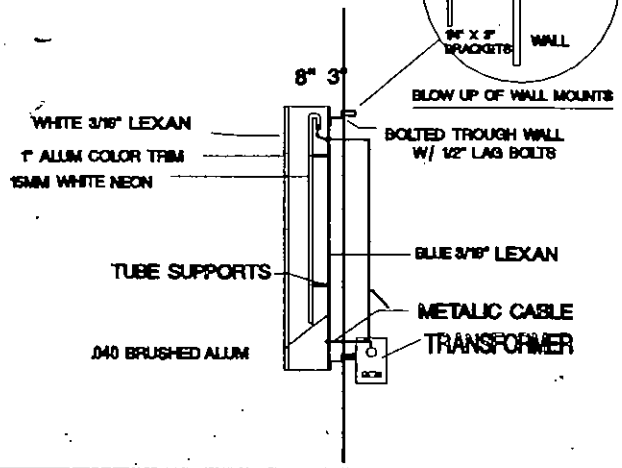
FRONT ELEVATION



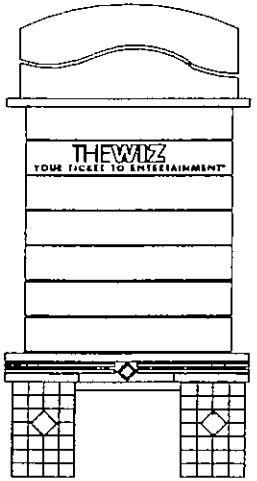
SIDE ELEVATION



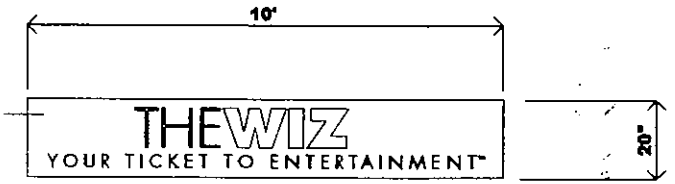
BLOW UP OF WALL MOUNTS



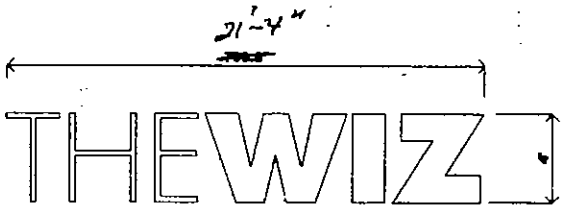
ROAD SIGN ELEVATION



BLUE VINYL OVERLAY WITH WHITE COPY



ROAD SIGN ELEVATION



FRONT & SIDE ELEVATION

THEWIZ
YOUR TICKET TO ENTERTAINMENT
BRICK, N.J.

NEON EAGLE
SIGN CORPORATION

SIGN PERMITS

Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000
Zoning, extension 269

Office of
Division of Inspections

SIGN CONSTRUCTION PERMITS

1. A construction permit is required before a sign or advertising structure may be erected or replaced.
2. Zoning approval is required before a sign construction permit may be issued. All requirements of Chapter 190 of the Township Code must be met.
3. A plot plan or survey map must be submitted with the sign permit application and must show the proposed location of the sign and the setbacks from all property lines.
4. A drawing must be submitted with the sign permit application showing the following:
   a. Dimensions of the sign ✓
   b. Square footage of the sign ✓
   c. Total height of the sign
   d. Distance above ground level 25'
   e. Wording of the sign
5. The fee for a sign construction permit shall be one dollar ($1.) per square foot of the surface area of the sign, [redacted]
   In the case of double-faced signs, the area of the surface of only one (1) side of the sign shall be used for purpose of the fee computation.

John Kennevy
John Kennevy
Zoning Officer 4-19-89

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

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

CONFIDENTIAL

Date: 10/22/99

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

RE: Block: 671 Lot: 8

I, LARRY PATIERNO (name) of 223 25TH ST. BKLYN NY 11232 (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 (pleas 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 a mining permit.

OFFICE USE

Approved X Date: 10/29/99 By:

Rejected Date: By:

Remarks: Per Site Plan

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 671 LOT 8 SITE ADDRESS 56 Chambers Bridge
TYPE OF SITE Residential / (Commercial) TYPE OF BUSINESS Sign

APPLICANT Neon Eagle Sign Corp PHONE NUMBER 718-854-6161
APPLICANT ADDRESS 223 25th ST CITY & STATE Brooklyn NY
PERMIT # C26-71 NAME OF BUSINESS The W. Z

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 11-5-99

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

APPROVED BY KT DATE 11-5-99

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: 11-3-99

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 671 LOT 8 SITE ADDRESS 56 Chambers Br. Lge Sign

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS The Wiz

APPLICANT Neon Eagle Sign CITY & STATE Brooklyn NY

☒ 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 n.c.

Frederick R. Millman, CTA, Tax Assessor

11/4/99
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

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR: Northstar Lighting
ADDRESS: 302 Dakota Street
Paterson, NJ 07503
PHONE: 973-523-9400
LIC. #: 12838 EXP. DATE: 3/2000
FEDERAL EMPL. #: (or S.S. #): 22-3442818

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/E.A.C. Panel		
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: $ 200 -
Signature (~~Engineer~~): Michael Hanak
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:
Date:

COUNTER FORM
PLEASE PRINT

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

Site Location:
Block: Lot:
Owner in Fee:
Address:

Date Rec'd.:
Date Issued:
Control #:
Permit #:

State: Zip: Phone: ( )
SS #: Provide only if Applicant is owner

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:
ADDRESS:

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

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

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): $
Alteration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

The WZ

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

Site Location: Date Rec'd.:
Block: 671 Lot: 8 Date Issued:
Owner in Fee: THE WIZ Control #:
Address: 2045 LINCOLN HWY Permit #:
EDISON NJ 08817. (FEDERAL REALTY)
THE WIZ
State: Zip: Phone: ( ) 56 CHAMBERS BRIDGE RD
SS #: Provide only if Applicant is owner

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: NEON EAGLE SIGN CORP
ADDRESS: 223 25TH ST.
BROOKLYN, NY 11232
PHONE: 718 854-6161
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

X Remove Existing Exterior Signs on Building and Replace with New Ones
Height - 25' from Grade.
Also All Faces on Pycon Signs
Change Faces Only.
There are (4) Pycon Signs with (2) Faces on Each.
Total of (8) Pycon Faces.
Each Sign 8'6"x 2 = 17 Sq. Ft.

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☒ Sign: Sq. Ft. 86 Each Way Total 172
☐ 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): $
Alteration (2): $ 4000.00
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

990 3461

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR: ~~Rogers Electric~~

ADDRESS: ~~223 20th St~~

~~Rockford, IL 61104~~

PHONE: ~~708 964-6161~~

LIC. #: EXP. DATE:

FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
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 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: $ ~~X~~ 200

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 Supervision		
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 ☐