fot C26-78

BLOCK 671 LOT 8 QUALIFICATION CODE ______ ADDRESS (SITE) 30 BRICK PLAZA PERMIT NO. 98-0482

RECEIVED FEB 2 6 1998 DIV. OF INSPECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT APPLICATION

ZOK Hallmark Store

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

I. IDENTIFICATION

1. Propsed Work Site at: 30 BRICK PLAZA
2. Name of Owner in Fee: B.P. HALLMARK Tel. (732) 477-5536
   Address: Cedar Bridge Rd Brick (street, municipality, zip code)
3. Ownership in Fee: Public ______ Private ✓
4. Principal Contractor: GARDEN STATE SIGN Co. Tel. (732) 363-7645
   Address: 4880 RT. 9 S Howell N.J.
   License No. OR, if new home, Builder Reg. No. ______ Exp. Date ______
   Federal Employee No. 22-2199471 FAX: ( ) ______
5. Architect or Engineer ______ Tel. ( ) ______
   Address ______
6. Responsible Person in Charge of Work GARDEN STATE SIGN CO.
   Tel. ( ) ______ FAX ( ) ______

sign- Replacement

COMMERCIAL

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 35.–		
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			
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other ZAA	$15		
13.	TOTAL	$ 50.–		

NO FEE REQUIRED

APPROVED BY ______ DATE ______ 3663

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

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
		OPTIONAL (for office use only)							
1. ☒ Minor Work									
2. ☐ New Building		ORF			3-9-98	FW			
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		GW	3/4/98		3/4/98				
TOTAL COSTS	500								

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

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

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

B. NON-RESIDENTIAL
1. State Specific Use: retail
2. Use Group:
3. Change in Use Group, Indicate Former:

IMPORTANT A FEE - COMMERCIAL

LDS BR 10505276 IA

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. (Y) 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 Steven Stevens Date 2/26/98

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 GARDEN STATE SIGN CO.

Address 4880 RT 9 S. Howell

Telephone (732) 363-7645

Signature Steven Stevens

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.									
☐									
☐									

NO FEE REQUIRED
APPROVED BY _____ DATE 3-9-98

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.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

0002
980462*#
BLOCK 671 #
LOT 8 #
BUILDING 35.00
ZONEPLOT 15.00
TOTAL 50.00
CHECK 50.00
CHANGE 0.00
03/10/98 NO. 5 0024A005

Date Issued 03/10/98
Control #
Permit # 98-0482

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 671 Lot 8

Work Site Location 30 BRICK PLAZA/HALLMARK

Owner in Fee B P HALLMARK
Address CEDAR BRIDGE RD
BRICK, NJ 08723-
Telephone (732)477-5536

Contractor GARDEN STATE SIGN CO
Address 4880 HWY 9
HOWELL, NJ 07731-
Telephone (908)363-7645
Lic. No. or Bldrs. Reg. No. Exp. Date / /
Federal Emp. No. 22-2199471
or Social Security No.

Is hereby granted permission to perform the following work:
[X] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:
SIGN-HALLMARK 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 $ 500

J. Cinaglia
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occ.	0
Other	15.
Total	50.~~35~~
Check No.	2107
Cash	
Collected By:	WP

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 02/26/98
Date Issued / /
Control # C26-78
Permit # 98-0482

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 30 BRICK PLAZA/HALLMARK
REPLACE SIGNS
Owner in Fee B P HALLMARK
Address CEDAR BRIDGE RD
BRICK, NJ 08723-
Tele.(732)477-5536
Contractor GARDEN STATE SIGN CO
Address 4880 HWY 9
HOWELL, NJ 07731-
Tele.(908)363-7645
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2199471
or Social Security No.

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

REPLACE SIGN

Replace existing

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	3-9-98	FM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	
[ ] Siding	
[ ] Fence 0 Height (6' or over)	0
[X] Sign 26 Sq. Ft.	26
[ ] Pool	0
[ ] Asbestos Abatement	0
[ ] Other	0
Other	0
[ ] Demolition	0

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 $ 500
3. Total (1+2)$ 500

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 9
TOTAL FEE	$ 35
DCA Training Fee	$ 0

Paid [ ] Check # Collected by:

U.C.C. Form F-1108

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: March 2, 1998 1998 - 0184

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

Property Address: 30 Brick Plaza

Owner: Federal Realty Investment (Phone): ----

Applicant: Thomas Southwell; Garden State Sign (Phone): (732) 363-7645

Existing Use: Hallmark card store.

Proposed Use: Hallmark card store.

Proposed Construction (if any): Replace wall sign, 4'3" by 13'2", "Hallmark Gold Crown", 62 square feet.

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

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

TOWNSHIP OF BRICK

ZONING PERMIT

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

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Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

SITE LOCATION 30 BRICK PLAZA BLOCK 671 LOT 8 DESCRIPTION OF WORK REPLACE EXISTING SIGN

OWNER B.P. HALLMARK PHONE 477-5536 ADDRESS CEDAR BRIDGE BRICK STATE NJ ZIP 08723

BUILDING INSPECTION

Contractor GARDEN STATE SIGN CO. 7

Address 4880 ATLAS HOWELL Phone (732) 363-7645

LIC # _____ FEDERAL EMP. NO.(or SSN#) 22-2199471

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.

SIGNATURE [signature]

ESTIMATED COST OF BUILDING WORK

NEW BUILDING (1) $_____ ALTERATION (2) $_____

ADDITION (3) $_____ TOTAL (1+2+3) $ 500.00

BUILDING CHARACTERISTICS

USE GROUP	PRESENT	PROPOSED
CONSTRUCTION CLASS	PRESENT	PROPOSED
NO. OF STORIES	HT. OF STRUCTURE	FT.
AREA: LARGEST FLOOR		SQ. FT.
TOTAL BLDG. AREA: ALL FLOORS		SQ. FT.
VOLUME OF STRUCTURE		CU. FT.
TOTAL LAND AREA DISTURBED		SQ. FT.

FOR OFFICE USE ONLY

TYPE OF WORK	COST	MISC.	COST
NEW BLDG.		FENCE	
ADDITION		SIGN 26 S.F.	500.00
ALTERATION		POOL	
ROOFING		ASBESTOS ABATEMENT	
SIDING		DCA	
DEMOLITION		TOTAL	

SUBCODE OFFICIAL: ☐ Approved ☐ Disapproved

COMMENTS _____

PLUMBING INSPECTION

Contractor _____

Address _____ Phone (____) _____

LIC # _____ FEDERAL EMP. NO. (or SSN#) _____

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.

SIGNATURE (Contractor's Seal) _____

Estimated Cost of Plumbing Work: $_____

Sewer Size _____ Water Size _____

TECHNICAL SITE DATA (List all Fixtures)

NO.	FIXTURE/EQUIPMENT	NO.	FIXTURE/EQUIPMENT
	Water Closet		Steam Boiler
	Urinal / Bidet		Hot Water Boiler
	Bath Tub		Sewer Pump
	Lavatory		Interceptor/Separator
	Shower		Backflow Preventer
	Floor Drain		Grease Trap
	Sink		Water Cooled A/C
	Dishwasher		or Refrigeration Unit
	Drinking Fountain		Sewer Connection
	Washing Machine		Water Service Connection
	Hose Bibb		Active Solar System
	Water Heater		Other
	Fuel Oil Piping		Other
	Gas Piping		Other

SUBCODE OFFICIAL: ☐ Approved ☐ Disapproved

COMMENTS _____

FIRE INSPECTION

Contractor _____

Address _____ Phone (____) _____

LIC # _____ FEDERAL EMP. NO. (or SSN#) _____

CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECORD AN AUTHORIZED TO MAKE THIS APPLICATION AND PERFORM THE WORK L ON THIS APPLICATION.

SIGNATURE (Contractor's Seal) _____

Estimated Cost of Fire Prot. Work: $_____

HEATING TYPE ( ) GAS ( ) OIL ( ) ELECTRICAL ( ) Solar

Location _____ HEATING SYSTEM ( ) NEW ( ) EXISTI

TECHNICAL SITE DATA (Description of Work)

WATER SUPPLY SOURCE _____

METHOD OF VALVE SUPERVISION _____

LOCAL ALARM SUPERVISION _____

CENTRAL SUPERVISION _____

PROPRIETARY SUPERVISION _____

Flammable Liquid Storage Tanks ☐ Capacity _____ Fuel _____

Combustible Liquid Storage Tanks ☐ Capacity _____ Fuel _____

L.P.G. Storage Tanks ☐ Capacity _____ Fuel _____

L.N.G. Storage Tanks ☐ Capacity _____ Fuel _____

NO.	ITEM	NO.	ITEM
	Wet Sprinkler Heads		Pre-Engineered System
	Dry Sprinkler Heads		CO_2 Suppression
	TOTAL		Halon Suppression
			Foam Suppression
	Smoke Detectors		Dry Chemical
	Heat Detectors		Wet Chemical
	TOTAL		Gas or Oil Fired Appli
			Other _____
	Stand Pipes		
	Kitchen Hood Exhaust System		

SUBCODE OFFICIAL: ☐ Approved ☐ Disapproved

COMMENTS _____

TOWNSHIP OF BRICK

Zoning Permit Application

(Please Type or Print Neatly)

BLOCK 671 LOT 8

PROPERTY ADDRESS 30 BRICK PLAZA, BRICK, NJ 08723

NAME OF OWNER B.P. HALLMARK OWNER'S PHONE (732) 477-5536

NAME OF APPLICANT GARDEN STATE SIGN CO.

APPLICANT'S COMPLETE ADDRESS 4880 RT 9 S HOWELL N.S. 07731

APPLICANT'S PHONE NUMBER (732) 363-7645 APPLICANT'S BUSINESS NAME _____

PRESENT USE OF PROPERTY (check one)

☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment

☒ Commercial (please describe) CARD STORE

☐ Other (please describe) _____

PROPOSED USE OF PROPERTY (check one)

☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment

☒ Commercial (please describe) Hallmark card store.

☐ Other (please describe) _____

PROPOSED CONSTRUCTION SIGN Replaces EXISTING WITH NEW LOGO

All Dimensions 8 inches W 13 L 2' Ht

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

COMMERCIAL

☐ 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 2/26/98

Reviewed by Zoning Officer Date 3/2/98

☒ Approved ☐ Rejected

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
DATE March 2, 1998
replace sign

REMOVE EXISTING SIGNAGE

PROPOSAL FOR NEW SIGNAGE

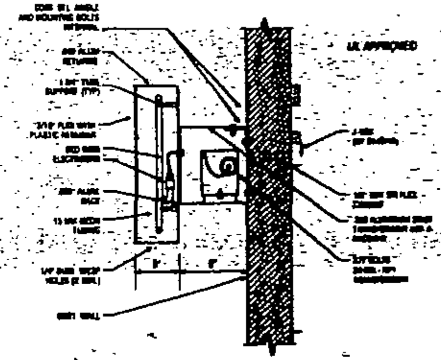
SCALE: 1/4"=1'-0"

INT-ILLUMINATED PLEX FACE CHANNEL (STK) 42" LETTERSET - MAKE ONE (1)

REMOVE EXISTING SIGNAGE. FABRICATE AND INSTALL ONE (1) SET OF INTERNALLY ILLUMINATED PLEX FACE CHANNEL HALLMARK GOLD CROWN TRADEMARK ON RACEWAY.
NOTE: CUSTOMER TO REPAIR FASCIA AFTER EXISTING SIGN REMOVAL

LETTERS
WHITE #7328 PLEX FACES
PLASTIC TRIMCAP TO MATCH RETURNS
5" DEEP (ZINC GREY GLIDDEN #30YY20/029 MANSARD STONE)
ALUMINUM RETURNS
ILLUMINATION: WHITE NEON TUBING
POWERED BY REMOTE TRANSFORMERS IN RACEWAY

BANNERS
WHITE PLEX FACES FOR BANNER
W/ COPY TO BE BLACK VINYL
BLACK OUTLINE AROUND BANNER - BLACK VINYL
PLASTIC TRIMCAP TO MATCH RETURN
5" DEEP ZINC GREY ALUMINUM RETURNS
ILLUMINATION: WHITE NEON TUBING
POWERED BY REMOTE TRANSFORMERS IN RACEWAY
RACEWAY COLOR TO MATCH (SHERWIN WILLIAMS SW1327 PALOMINO TAN)



TYPICAL LETTER SECTION/DETAIL

NOTES:

HALLMARK BP'S #13336 BRICK PLAZA	ADDRESS: 30 BRICK PLAZA, BRICKTOWN NJ. ACCT. REP: E. McGILL DESIGNER: TOWN SCALE: 1/4"=1'-0" DATE: 2-2-98	DWG. NO. 13336 FILE NO.: HM13336 SHEET: 1 OF 1	1 REV.	VT BY	2-2 DATE	30" TO 42" DESCRIPTION

FEDERAL SIGN
Division Federal Signal Corporation

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

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

Joseph C. Scarpelli, Mayor

Township Council:
Michael A. Thulen, President
Stephen C. Acropolis
Martin J. Anton
Victor Cantillo
Helen Fayad
Lee Hartman
Mary Lou Powner

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

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 3-5-08

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 671 LOT 8 SITE ADDRESS Brick Plaza

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS Hallmark + sign

APPLICANT Hallmark CITY & STATE Brick NJ

☒ 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

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 671 LOT [illegible] SITE ADDRESS [illegible]
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS [illegible]

APPLICANT [illegible] PHONE NUMBER [illegible]
APPLICANT ADDRESS [illegible] CITY & STATE [illegible]
PERMIT # NAME OF BUSINESS [illegible]

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 $ 0 Date 3-3-98

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 3-4-98

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