BLOCK 171 LOT 8 ADDRESS (SITE) BRICK PLAZA BRICKTOWN PERM. NO. 22L-16

RECEIVED

JUL 15 1996

DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

MAIL/PU

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

I. IDENTIFICATION

1. Proposed Work-site at: BRICK PLAZA CHAMBERS BRIDGE RD BRICKTOWN NJ
2. Name of Owner in Fee: BRICK PLAZA C/O FEDERAL REALTY Tel. ( )
   Address 4800 HAMPTON RD (street) BETHESDA MD (municipality) (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Philadelphia SIGN CO Tel. (609) 829-1460
   Address 707 N SPRING GARDEN ST PALMYRA NJ 08015
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. 23-0973470 Social Security No. _____
5. Architect or Engineer _____ Tel. ( )
   Address _____
6. Responsible Person in Charge of Work Richard J Jones Tel. (609) 829-1460

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 70.-		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	3.-		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other ZPA	$15		
13. TOTAL	$ 94.-		

PAID

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 sq. ft. / no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

Replace 2 Signs

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration	330.-
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	330.-

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			8/2/96				
ENG	7/29/96		n/a				

III. DO YOU WANT: (optional) 1 ☐ Partial Releases 2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

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

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

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

LDS BR 10404701

U.C.C. Form F-100B

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 New Jersey 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 Philadelphia Sign Co

Address 707 N Spring Garden St

Palmyra NJ 08065

Telephone (609) 829-1460

Signature [signature] Date 7-11-96

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST **(office use only)**	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

IMPORTANT
A.I.B.I. EXEMPT

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.				

CONSTRUCTION PERMIT

8/24/96.

Date Issued
Control #
Permit # 9230-96.

IDENTIFICATION Block 671 Lot 8

Work Site Location BRICK PLAZA CHAMBERS BRIDGE RD BRICKTOWN NJ

Owner in Fee BRICK PLAZA C/O FEDERAL REALTY

Address 4600 WAMATON RD BETHESDA MD

Tele. (____) ____

Contractor DI LADDAHA SIGN CO

Address 727 W SPRING GARDEN ST PALMYRA NJ

Tele. (609) 829-1400

Lic. No. or Bldrs. Reg. No. ____ Exp. Date ____

Federal Emp. No. 22-0773473

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:

Replace (2) WALL SIGNS 3'3" x 11'6" (IL)

(USING EXISTING ELEC.)

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 $ 33.00

Frank Stowell Jr.

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building ____

Electrical ____

Plumbing ____

Fire Protection ____

Elevator Devices ____

Other ____

DCA Training Fee ____

Cert. of Occ. ____

Other ____

Total ____

Check No. ____

Cash 14-

Collected By: ____

(see reverse side)

U.C.C. Form F-170C 1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8/26/96
Date Issued
Control #
Permit # 2230-96

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 BRICK PLAZA CHAMBERS BRIDGE RD
BRICKTOWN NJ
Owner in Fee BRICK PLAZA C/O FEDERAL REALTY
Address 4500 HAMPTON RD
BETHESDA MD
Tele. ( )
Contractor PHILADELPHIA SIGN CO
Address 707 N SPRING GARDEN ST
PALMYRA NJ
Tele. (609) 829-1460
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-0973470 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	8/26/96	VL
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] 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				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 33W-
3. Total (1+2) $ 33W-

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 (2) IL WALL SIGNS
3'3" x 11'6" (38 SQFT x 2)

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence Height (6' or over)
[2] Sign 5 7L Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other
[ ] Other
[ ] Demolition

(Office Use Only)
FEE
$

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: DCA TRAINING FEE $
TOTAL FEE $

U.C.C. Form F-110B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

SIGN MANAGEMENT CONSULTANTS

FACILITY PHOTOGRAPHS

Date: 2-24-96

Location: Brick Plaza Site No. MI-038

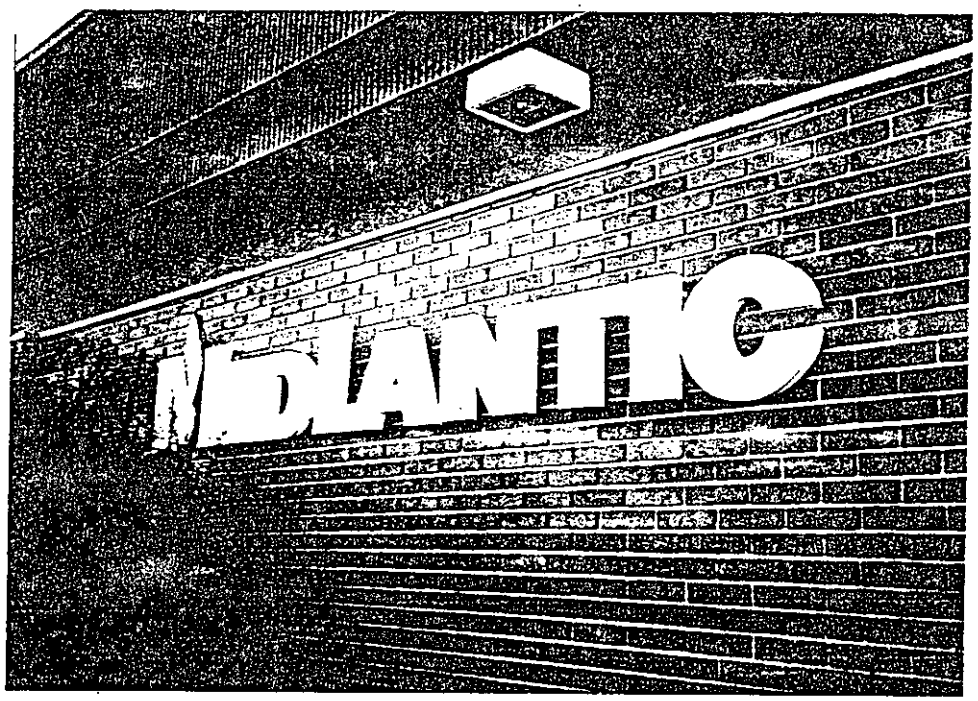
E #: 1
Photo No: 7-8
Building Elevation:

Front ☒ Rear ☐
Right ☐ Left ☐

North ☐ South ☐
East ☐ West ☐

Comments:

EXISTING



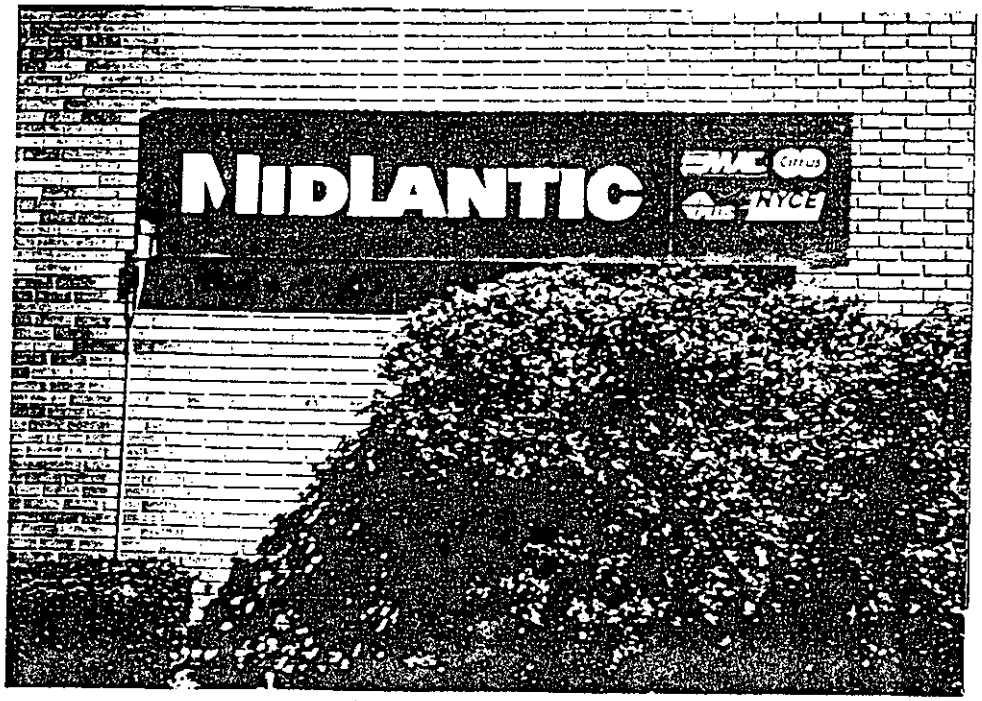
E #: 2
Photo No: 7-7
Building Elevation:

Front ☐ Rear ☒
Right ☐ Left ☐

North ☐ South ☐
East ☐ West ☐

Comments:
2'-6" x 11'-9 5/8"
WBll, SF, II

EXISTING



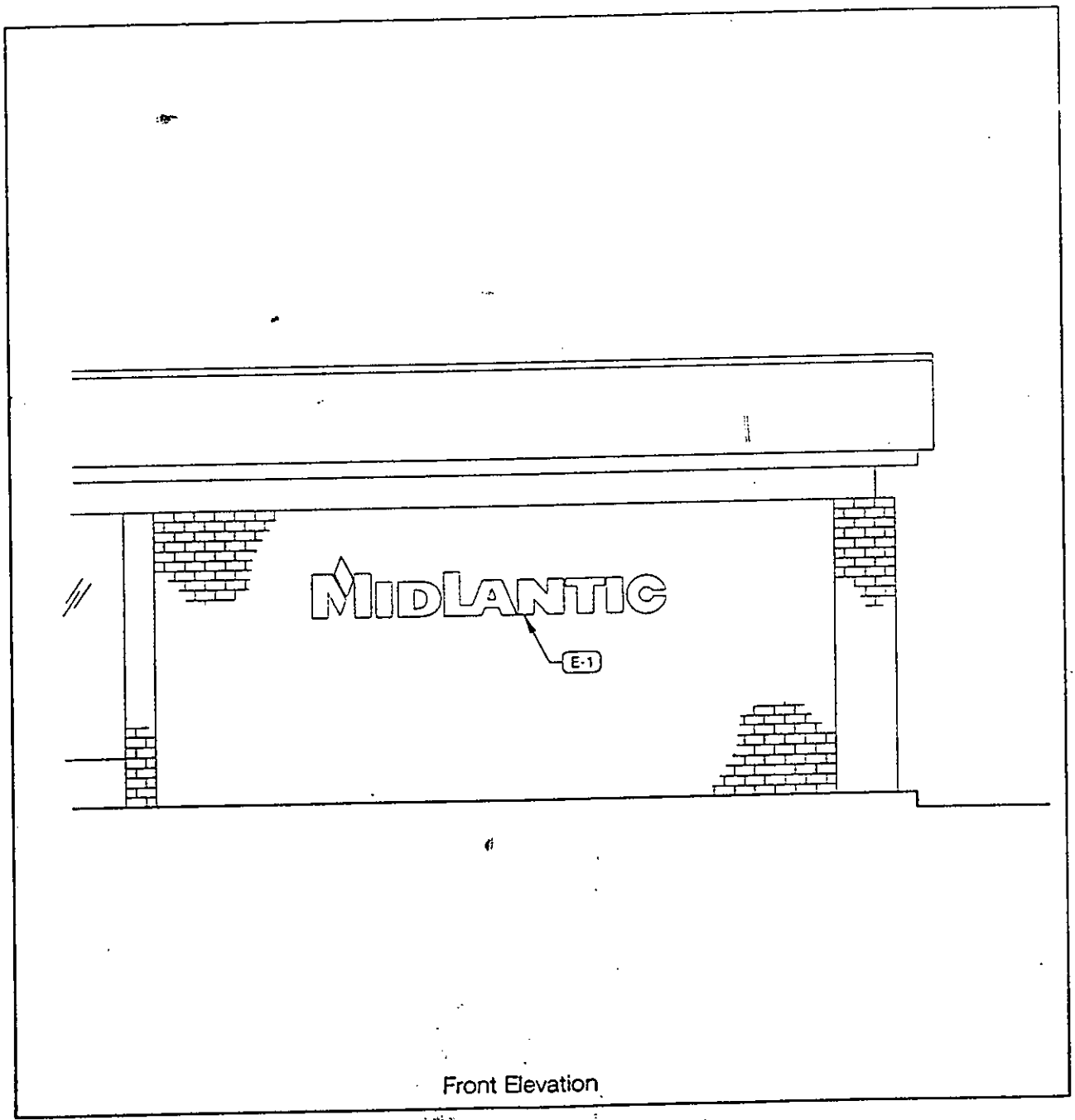
BOTH SIGNS TO BE Replaced

SIGN MANAGEMENT CONSULTANTS

Sketch of Applicable Building Elevations

Site ML-038
Brick Plaza

EXISTING



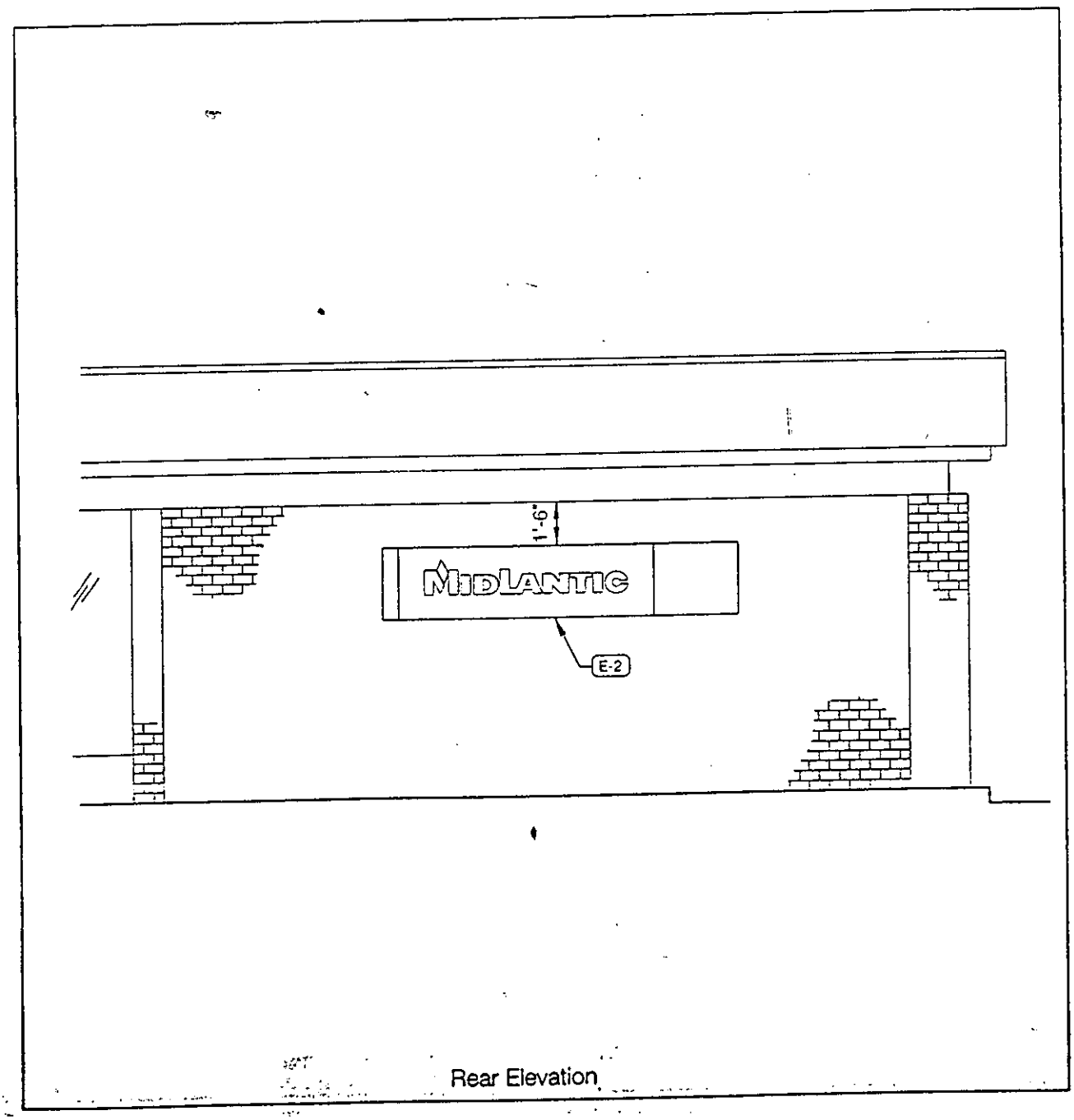
Front Elevation

SIGN MANAGEMENT CONSULTANTS

Sketch of Applicable Building Elevations

Site ML-038
Brick Plaza

EXISTING

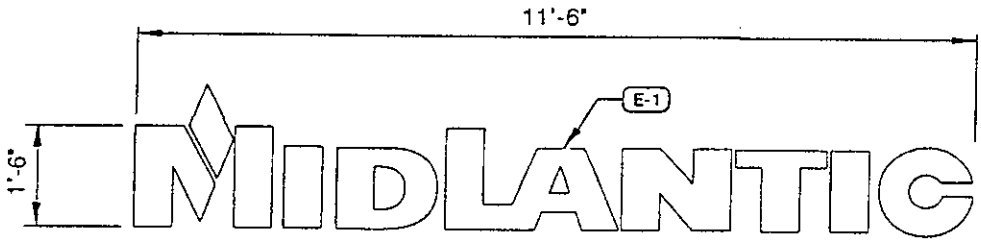


Rear Elevation

SIGN MANAGEMENT CONSULTANTS

Sketch of Existing Signage

Site ML-038
Brick Plaza

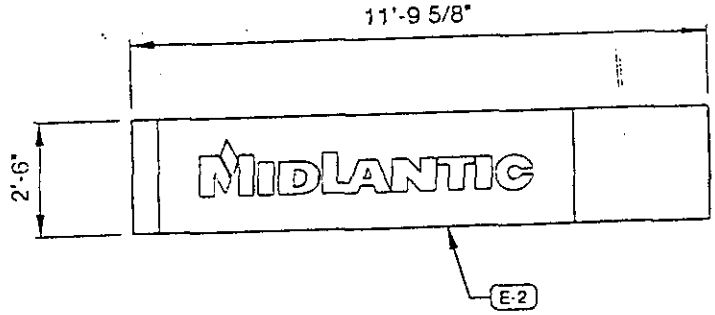


Comments: Non-illuminated letters, 1 1/2" deep, White

SIGN MANAGEMENT CONSULTANTS

Sketch of Existing Signage

Site ML-038
Brick Plaza



Comments: Single-faced illuminated wall sign w/ routed copy

To: BRICK TOWNSHIP
DIV INSPECTION
401 CHAMBERS BRIDGE RD
BRICK TWP, NJ
08723
ATTN: RAY KORBOWSKI

PHILADELPHIA SIGN CO.
707 W. SPRING GARDEN STREET
PALMYRA, N. J. 08065-1798
AREA CODE 609 • 829-1460
FAX NUMBER 609 • 829-8549

SUBJECT: PNC SIGNAGE PERMITS

DATE: 7-11-96

Reply Message

FOLD –

MESSAGE

Enclosed find Applications for PNC Sign permits

THANKS

DICK JANEEIC

REPLY

SIGNED

DATE OF REPLY

REPLY TO

FOLD –

SIGNED

SEND WHITE AND PINK COPIES WITH CARBONS INTACT. PINK COPY IS RETURNED WITH REPLY.

REORDER 76395946?-12 QTY 300

5/21/96 1

DHL WORLDWIDE EXPRESS®

Shipment Airwaybill

(Non negotiable)

1-800-CALL-DHL *in USA only*

PPF

PPF

8246273000

Quote this shipment number in an inquiry

ORIGIN 88X

DESTINATION ETW

1 From (Shipper)

Account no.: 76395946?

Shipper's reference:

Company name: PHILADELPHIA SIGN CO

Shipper's name: DIC I JANZIC

Address: 707 N SPRING GARDEN ST
PALMYRA NJ

Zip code (required): 080651798

Phone/Fax/Telex: (609)829-1460

2 To (Recipient)

Company name: BRIC I TOWNSHIP ? DIV. INSPECTION

Attention: RAY KORBOWSKI

Delivery address: 401 CHAMBERS BRIDGE RD.
BRICK TWP., NJ

Zip/Postcode (required): 08723

Phone/Fax/Telex:

3 Shipment details

Services

- [X] U.S. DOMESTIC
- [ ] INTERNATIONAL DOCUMENT
- [ ] INTERNATIONAL NON DOCUMENT
- [ ] WORLDMAIL 1st / APM / 2nd *circle one*

Special Services *extra charges may apply*

- [ ] SATURDAY DELIVERY
- [ ] POD *shipper's fax/telex no. for POD (optional)*
- [ ] OTHER *specify*

Payment Options *not all options available to all countries*

- [ ] Shipper's account
- [ ] Recipient
- [X] Third party

Acct. No. 763392901

Full description of contents

International non document shipments only

Attach original and three copies of a Commercial Invoice

Declared value for customs (In US$):

Export license no./Symbol *if applicable*:

Harmonized Sched. B no. *if applic.*:

Ultimate destination:

Shipper's EIN/SSN:

This shipment is licensed by the U.S. for the ultimate destination named above. Diversion contrary to U.S. Law is prohibited.

Destination duties/taxes *if left blank recipient pays duties/taxes*

- [ ] Recipient
- [ ] Shipper
- [ ] Other *Specify destination approved account number*

4 Pcs/Weight/Size

No. of pieces: 1

Weight *if DHL Express Document packaging is used, enter XD.*: XD lb

Dimensions *in inches*: x x
length width height

DIMENSIONAL/CHARGED WEIGHT: lb

CODES

CHARGES
Services

Special services

Insurance

Drop Box/
Exp. Center

TOTAL

TRANSPORT COLLECT STICKER No.

PICKED UP BY

Time

Date

5 Shipper's authorization and signature

I/we agree that DHL's standard terms apply to this shipment and limit DHL's liability for loss or damage to U.S. $ 100. The Warsaw Convention may also apply (see reverse). I/we authorize DHL to complete other documents necessary to export this shipment. I/we understand that insurance is available on request, for an extra charge. I/we agree to pay all charges if the recipient or third party does not pay. I/we understand that DHL DOES NOT TRANSPORT CASH.

Signature: DJ/ka

Date: 7/11/96

54621 3/96

DHL AIRWAYS, INC. • • 333 TWIN DOLPHIN DRIVE, REDWOOD CITY, CA 94065

Recipient's Copy