BLOCK 671 LOT 8 ADDRESS (SITE) 56 Chambersbridge Rd (Brick Plaza) PERMIT NO. 347-96

RITE AIDE

MAR 1 2 1996

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 56 CHAMBERSBRIDGE RD
2. Name of Owner in Fee: BRICK PLAZA INC Tel. (___) ___
   Address 56 Chambersbridge RD (street) (municipality) (zip code)
3. Ownership in Fee: Public ___ Private ___
4. Principal Contractor: Phila Sign Co Tel. (609) 829-1460
   Address 707 W Spring Garden St Palmyra NJ 08065
   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 Beth Olmsted Tel. (609) 829-1460

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 93		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review	9		
8. Subtotal	$		
9. DCA Training Fee	3		
10. Subtotal	$		
11. Cert. of Occupancy	20		
12. Other ZPA	15		
13. TOTAL	$ 140		

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

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration SIGNS	3500.—
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	3500.—

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
	BB	3/12/96						
				3-12-96	MAC			

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 10505270

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 Phila Sign Co

Address 707 W SPRING GARDEN ST

PALMYRA, N J 08065

Telephone (609) 829-1460

Signature [signature] Date 3-11-96

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.									
☐									
☐									

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 3/18/96
Control #
Permit # 347-96

IDENTIFICATION Block 1071 Lot 8

Work Site Location [illegible]
Owner in Fee [illegible]
Address Same
Tele. ( )

Contractor [illegible]
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No.
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

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 $ 2500.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	75 -
Plumbing	
Electrical	
Fire Protection	
Other	
Other	PIK 54 -
DCA Training Fee	3 -
Cert. of Occ.	20 -
Other	
Total	140 -
Check No.	# 2389
Cash	
Collected By:	

BLOCK	0.00
LOT	0.00
BUILDING	93.00
PLAN RVW	2.00
D.C.A.	3.00
C / O	20.00
ZONEPLOT	15.00
TOTAL	140.00
CHECK	140.00
CHANGE	0.00
03/18/96	0002A005

U.C.C. Form F-170C

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

Date Received 3/18/96
Date Issued
Control #
Permit # 347-96

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 56 Chambers Bridge Rd
Brick Plaza
Owner in Fee Brick Plaza Inc
Address 56 Chambers Bridge Rd
Brick NJ
Tele. ( )
Contractor Phila Sign Co
Address 707 W Spring Garden St
Palmyra NJ 08065
Tele. (609) 829-1460
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-0973470 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 (USING EXISTING ELEC)
ERECT (1) "Rite Aid Pharmacy" Letters
30"X37' S/F INT-ILLUM

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	3-12-96	
[ ] 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 $ 3500.—
3. Total (1+2) $ 3500.—

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence Height (6' or over)
[/] Sign 92.5 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-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Shipment Airwaybill

(Non negotiable)

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

8146202363

Quote this shipment number in an inquiry

ORIGIN	DESTINATION
BBX	ETW

1 From (Shipper)

Account no.: 763959467

Shipper's reference:

Company name: PHILADELPHIA SIGN COMPANY

Shipper's name: Dick Janezic

Address: 707 W. SPRING GARDEN ST
PALMYRA, NJ

Zip code (required): 08065

Phone/Fax/Telex: 609-829-1460

2 To (Recipient)

Company name: MUNICPAL BUILDING-BRICK

Attention: Building Dept. - Valerie

Delivery address: 401 Chambersburg Road
Brick, 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/ree

Date: 3 . 11 . 96

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

Recipient's Copy

5445/8 1/22/96

This is a summary of our main terms and conditions. Our full terms and conditions are on display and available from DHL Service Centers and in our Worldwide Express Guide.

About our Terms and Conditions

1. DHL's Contract with you:

These terms and conditions, along with those set out in our Worldwide Express Guide, are all the terms of the contract between you, the sender of the shipment, and us, DHL. When you tender a shipment to us, you accept our terms for you, the sender and for anyone else who has an expressed interest in the shipment. Our terms and conditions also protect anyone who we may contract to collect, transport or deliver your shipment. No employee of DHL or anyone else has any authority to change any of our terms or conditions, or make any promises on our behalf. The terms and conditions of this airbill shall govern in the event of any inconsistencies that might exist in any other transportation documents accompanying this shipment.

2. What shipment means:

A Shipment means all documents or parcels that travel under one airway bill, not just any single document or envelope included in a shipment. You certify that the shipment details are complete and accurate. You agree that all shipments may be carried by any means, including air, road or any other carrier unless you give us specific instructions to the contrary.

3. International Shipments:

You appoint DHL as your agent to conduct Customs entry and clearance and certify DHL as your consignee solely for the purpose of designating DHL as your Customs Broker to perform Customs entry and clearance.

4. Shipments we do not accept:

We do not accept as a shipment anything that is considered a restricted article or hazardous material by the Department of Transportation (DOT), International Air Transport Association (IATA), or the International Civil Aviation Organization (ICAO).

We do not accept any shipments that contain items that we cannot transport legally or safely, including, but not limited to:

Animals	Perishables
Currency	Precious Metals
Liquor	Precious Stones
Plants	Negotiable Items in Bearer Form

For full information about shipments we cannot accept for shipping, please contact your nearest DHL Service Center.

The terms and conditions applicable to DHL's Worldmail Service are available from DHL service centers. Paras 6 through 8 and 11, below, apply.

5. Claims:

If you wish to submit a claim for a lost (includes misdelivered) or damaged shipment, the shipper must:

- Submit the claim in writing.
- Your claim must be received within 30 days from the date that we accept your shipment.
- Send or take your claim to your nearest DHL office.

Please note: We will not review a claim until all shipping and any other related charges owed have been paid to DHL.

We are not liable for

6. Delayed Shipments:

We will make every effort to deliver your shipment according to our regular delivery schedules. DHL is not liable for any delays, even if they are our fault in:

- Picking up a shipment
- Transporting a shipment (including delays caused by diversions)
- Delivering a shipment

DHL reserves the right, without admitting liability, to refund transportation/shipping charges, but is not obligated to do so.

7. Circumstances beyond our control:

We are not liable if a shipment is lost (includes misdelivered) or damaged because of circumstances beyond our control. These circumstances include:

- An "Act of God", for example an earthquake, cyclone, storm or flood
- "Force Majeure" for example war, plane crash or embargo
- Any defect or characteristic to do with the nature of the shipment, even if known to us when we accepted it
- Any action or omission by anyone outside DHL. For example:
  - The sender of the shipment
  - The receiver
  - An interested third party
  - Customs or government officials
  - The postal service, another carrier or a third party who we contract to deliver to destinations that we do not serve directly.

We are not liable even if the sender did not ask for or know about a third party delivery agreement.

We are also not liable for electrical or magnetic damage to, or erasure of, electronic or photographic images or recordings.

8. Consequential Damages:

We are not liable for the following, whether they arise in contract or any other form of civil action, including negligence, and even if they are DHL's fault:

- Consequential or special damages or loss
- Other indirect loss
- Breach of other contracts

Consequential damages or loss include, but are not limited to lost:

- Income
- Profits
- Interest
- Markets
- Use of contents

We are liable for

9. Extent of our liability:

Our liability for a lost or damaged shipment is limited to the lowest of these 3 amounts:

- US $ 100, or
- The actual amount of the loss or damage, or
- The actual value of the document or parcel. This does not include any commercial utility or special value to the shipper or any other person.

10. What "Actual value" means:

The lowest of the following amounts, determined as at the time and place we accepted the shipment:

Documents (meaning any shipment without commercial value):
- The cost of replacing, reconstructing or reconstituting the documents

Parcels (meaning any shipment with commercial value):
- The cost of repairing or replacing the parcel, or
- The resale or fair market value of the parcel

The actual value of a parcel cannot be more than the original cost to you plus 10 percent.

Warsaw Convention

11. If the transportation of a shipment involves an ultimate destination or stop in a country other than the country of departure, the Warsaw Convention limits our liability for loss or damage to such shipment. You agree that your shipment may be carried via intermediate stopping places which we deem appropriate.

Shipment Insurance

12. We recommend that you insure your shipment with DHL. We can arrange insurance for you for up to US $5 million. Please note that our shipment insurance does not cover consequential damages, or loss or damage caused by transportation delays. If you do not request Shipment Insurance on the front of this airway bill, you assume all risks of loss or damage.

To: MUNICIPAL BLDG
401 CHAMBERSBRIDGE LO
BRICK, NJ 08723

ATTN: BLDG DEPT VALERIE
BRICK PLACE

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

SUBJECT: LITE AND SIGN

DATE: 3-11-96

Reply Message

FOLD –

MESSAGE

VALERIE,

APPLIC FOR SIGN PERMIT

SIGNED DICK JAMES

REPLY

DATE OF REPLY

REPLY TO

FOLD –

SIGNED

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

To:

PHILADELPHIA SIGN CO.

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

SUBJECT

DATE

Reply Message

FOLD –

MESSAGE

VALERIE,

REF @ BRICK PLAZA

PLEASE MAIL LITE AID SIGN PERMIT

REPLY

SIGNED

DATE OF REPLY

REPLY TO

FOLD –

SIGNED

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

TOWNSHIP OF BRICK

ZONING PERMIT

AUG 24 1995

Date of Issue: August 21, 1995 — 1995 Z 1278

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

Property Address: Brick Plaza, 56 Chambers Bridge Road

Owner: Brick Plaza Inc; Federal Realty **(Phone):**

Applicant: Philadelphia Sign Co. **(Phone):** 609-829-1460

Use: Rite-Aid Pharmacy

Proposed Construction (if any): Wall sign, 30" by 37', 92.5 square feet.

Conditions:

Please note that Building Permits, as well as Zoning Permits, must be obtained prior to any construction.

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.

Sean Kinnevy

Sean Kinnevy — Land Use Officer