Nobody Beats The Wiz

BLOCK 671 LOT 8 ADDRESS (SITE) Brick Plaza, Brick Town N.J. PERMIT NO. 2754-95

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: Two Sets of Channel letter Signs
2. Name of Owner in Fee: Federal Realty Tel. (215) 657-8710
   Address 122-C Park Ave (street) Willow Grove (municipality) PA. 19090 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: U.S.A. Signs Tel. (516) 694-9700
   Address 9 E. Carmans R.D., E Farmingdale, NY. 11735
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. 113218765 Social Security No. _____
5. Architect or Engineer See above Tel. (___) _____
   Address _____
6. Responsible Person in Charge of Work Frank DiCarlo Tel. (516) 694-9700

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building Sign → $	25/		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal $	25/		
7. Less 20% for State Plan Review	25		
8. Subtotal $			
9. DCA Training Fee	3		
10. Subtotal $			
11. Cert. of Occupancy			
12. Other ZBA			
13. TOTAL $	314		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure 40' both elevations ft.	
3. Area—Largest Floor ___ sq. ft.	
4. New Building Area 25/ 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)	4,000.00
3. ☐ New Building	
4. ☐ Addition	
5. ☑ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	

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
			10/30/95	RK			
	10/27/95						

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 10210182

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.

(✓) Check if contractor.

Agent Name Frank DiCarlo

Address 9 E. Carmans R.D. Farmingdale, NY. 11735

Telephone (516) 694-9700

Signature Frank DiCarlo Date 10.16.95

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									
☐ 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.H.B.T. - 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.				

PERMIT UPDATE

Date Update Issued 951107
Control #
Permit # 908021
Date Permit Issued

IDENTIFICATION Block 671 Lot 8
Work Site Location BRICK PLAZA SHOPPING CTR. CHAMBERS BRIDGE RD THE WIZ
Owner in Fee FEDERAL REALTY
Address THE WIZ.
Tele. ( )

Contractor E.S.M. ELECTRIC, INC.
Address 224 SECOND ST. P.O. BOX 1606 PERTH AMBOY N.J. 08862
Tele. (908) 442-7755
Lic. No. or Bldrs. Reg. No. 6828
Federal Emp. No. 22-3278994
or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[X] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: ADD TO PERMIT WIRING of SIGN, FIRE ALARM, 2000 AMP SERVICE UPGRADE, BURGULAR ALARM WIRING.

Estimated Cost of Work $ 6,000 ⁰⁰

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	375.—
Check No.	2294
Cash	
Collected By:	

U.C.C. Form F-1908

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

4 docs
2 mich det. Rudy
Brick

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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 ~~7 PEARL~~ 52 BRICK PLAZA
BRICKTOWN NJ 08724
Owner in Fee APPLEBEE'S
Address 7 PEARL CT
ALLENDALE NJ 07401
Tele. (908) 477-9270
Contractor GARDEN STATE FIRE & SECURITY ALARM CO INC.
Address 123 MAIN ST
MATAWAN NJ 07747
Tele. (908) 566 1515 EXT 11
Lic. No. ______
Federal Emp. No. ______ or Social Security No [redacted]

B. ELECTRICAL CHARACTERISTICS
Use Group Present ______ Proposed X
[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______
Building Occupied as RESTAURANT Utility Co. ______
Est. Cost of Elec. Work $ 495.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: ______
Approved by: ______

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Dates (Month/Day)

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.

Eugene B. Bal
Signature—Contractor Seal

[ ] Licensed Electrical Contractor [✓] Exempt Applicant

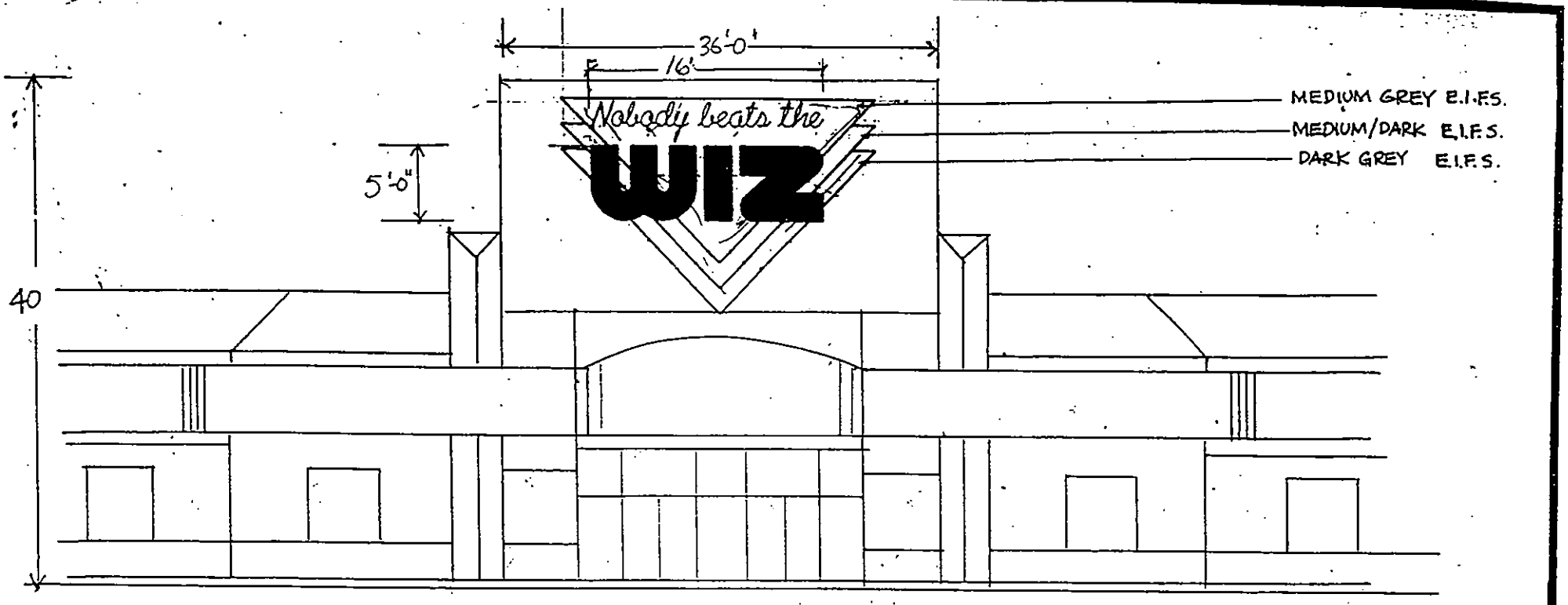
D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
	hp	Dishwasher	
	hp	Garbage Disposal	
	Kw	Dryer	
	Kw	A/C Unit	
6		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	hp	Whirlpool/spa	
		Pool Bonding	
	hp	Pool Filter Motor	
		Pool Lights	
	Kw	Water Heater(s)	
	Kw	Central heat: oil, gas or elec.	
	Kw	Baseboard Heat Units	
		Thermostats	
	hp	Heat Pump	
	hp	Pump(s)	
	Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
	Kw	Transformers	
	Kw	Generators	
	Amp	Service Entrance	
		Other	

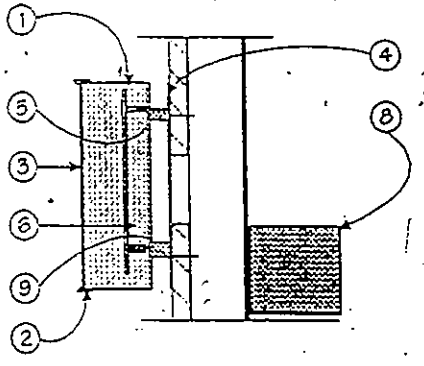
Paid [ ] Check # CASH
Collected by: ______

Administrative Surcharge $ ______
Minimum Fee $ ______
DCA Training Fee $ ______
TOTAL FEE $ 40.–

U.C.C. Form F120B RF
1 White – Inspector Copy
2 Canary – Office Copy
3 Pink – Office Copy
4 Gold – Applicant Copy



1. 4¾" DEEP .040 ALUM. RETURN # COLOR - RED
2. 1" COLOR VINYL TRIM CAP - RED
3. ⅛" # RED PLEXIGLASS FACE
4. CLEAR LEXAN BACKS
5. STANDARD GLASS TUBE SUPPORTS
6. 13MM NEON TUBING
7. FIELD VERIFY W/ DRAWINGS
8. 30 MA TRANSFORMER(S) IN METAL BOX (es)
9. CONCEALED FASTENERS



BACK-LIT CHANNEL LETTERS

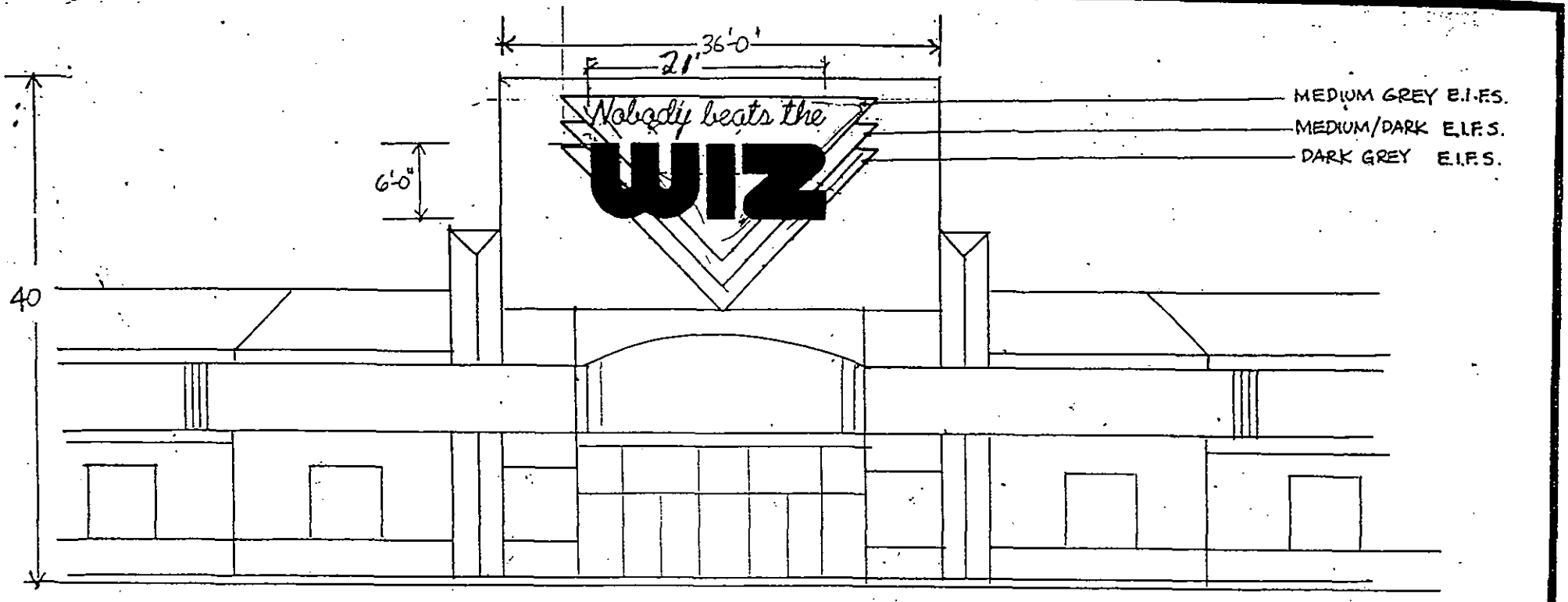
UL APPROVED

SIDE ELEVATIONS

CLIENT:	ACCT. MGR.:	SCALE:	DATE:
ADDRESS:	APPROVAL:	DESIGNED BY:	FILE #:
		APPROVED BY:	REVISION:

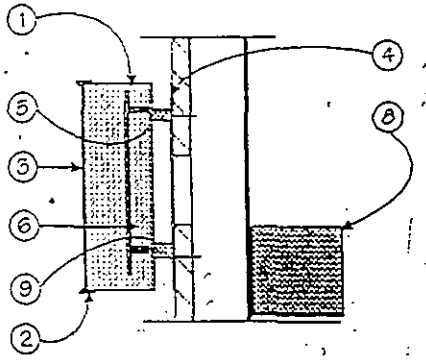
ARESCO, HICKSVILLE, N.Y. - 00A1VR 3/31/93

USA SIGNS
of America, Inc.
9 E. CARMANS RD.,
EAST FARMINGDALE,
N.Y. 11735
Phone: (516) 694 - 9700
Fax: (516) 694 - 6479



1. 4¾" DEEP .040 ALUM. RETURN # COLOR Red
2. 1" COLOR VINYL TRIM CAP - Red
3. ⅛" # RED PLEXIGLASS FACE
4. CLEAR LEXAN BACKS
5. STANDARD GLASS TUBE SUPPORTS
6. 13MM NEON TUBING
7. FIELD VERIFY W/ DRAWINGS
8. 30 MA TRANSFORMER(S) IN METAL BOX (es)
9. CONCEALED FASTENERS

Front Elevation



BACK-LIT CHANNEL LETTERS

UL APPROVED

CLIENT	ACCT. MGR.	SCALE	DATE
ADDRESS	APPROVAL	DESIGNED BY	FILE #
		APPROVED BY	REVISION

ARESCO, HICKSVILLE N.Y. - OGILVIE 071143

USA SIGNS
of America, Inc.
9 E. CARMANS RD.,
EAST FARMINGDALE,
N.Y. 11735
Phone: (516) 694 - 9700
Fax: (516) 694 - 6479

TOWNSHIP OF BRICK
ZONING PERMIT

Date of Issue: October 17, 1995 — 1995 Z 1530

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

Property Address: Brick Plaza

Owner: Federal Realty Investment **(Phone):** (215) 657-8740

Applicant: U.S.A. Signs **(Phone):** (516) 694-9700

Use: "Nobody Beats the Wiz" retail store.

Proposed Construction (if any): Two wall signs; 171 square feet and 80 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**