BLOCK 671 LOT 8 ADDRESS (SITE) _____ PERMIT NO. 2510-93

RECEIVED
OCT 15 1993
DIV. OF INSPECTION

10-20-93
CALLED
27

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 1000 Chamber Bridge Rd.
2. Name of Owner in Fee: Federal Realty Invest. Trust Tel. (215) 657-8742
   Address 122-C Park Ave. (street) Willow Grove (municipality), PA 19090 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Arnco Inc. Tel. (203) 238-1224
   Address 1133 So. Broad St., Wallingford, CT 06492
   License No. OR, if new home, Builder Reg. No. 1240660405 Exp. Date 12-97
   Federal Emp. No. 06-0853906 Social Security No. _____
5. Architect or Engineer Johad-Tracy Tel. (612) 894-2421
   Address 1610 E. Cliff Rd. Burnsville, MN 55337
6. Responsible Person In Charge of Work Paul Cohen Tel. (203) 265-0851

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other Sign	26.00		
6. Subtotal	$		
7. Less 20% for State Plan Review	5-		
8. Subtotal	$		
9. DCA Training Fee	1-		
10. Subtotal	$		
11. Cert. of Occupancy	20		
12. Other			
13. TOTAL	$ 52-		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of 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. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

Wall Sign

	Est. Cost
1. ☒ Minor Work (single trade)	1200
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	1000

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
			10/19/93	RAM	2/23/94		
Eng	10/19/93	CNT					

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:

UCC Form F-100A

LDS BR 10310924

20K

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 Paul Cohen 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 Paul Cohen - Atnco Inc.

Address 1133 So. Broad St.
Wallingford, CT 06492

Telephone (203) 238-1224

Signature Paul Cohen Date 10-14-93

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
☐ 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.								
☒ Other Zoning	JK	10/19/93	wall sign					
☐								
☐								

COMMENTS

IMPORTANT 10-8-93 MD

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 EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		
☐ None			

15% of Grants over
diversity of funds for
afterwards
'21
10¢/sq ft + ~~00~~

Bail Dept
Brick Township
401 Chambers Bridge Rd
08723

(
908-262-1030

CONSTRUCTION PERMIT

Date Issued 10/1/93
Control #
Permit # 2510-93

IDENTIFICATION Block 671 Lot 8

Work Site Location [illegible] Contractor [illegible]

Address

Owner in Fee [illegible]

Address

Tele. ( ) Lic. No. or Bldrs. Reg. No. Exp. Date

Tele. ( ) Federal Emp. No.

or Social Security No. **0004***

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK: [illegible]

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 $ 120

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
Building	671 #	.00
Plumbing	LOT /	.00
Electrical	8 #	
Fire Protection	SIGNS	2 .00
Other	PLAN RVW	5 .00
Other	D.C.A.	.00
DCA Training Fee	C / O	2 .00
Cert. of Occ.	TOTAL	5 .00
Other	CHECK	5 .00
Total	CHANGE	.00
Check No. 1042693	0034A005	14:22
Cash		
Collected By:		

U.C.C. Form F-170A

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 10/21/93
Date Issued
Control #
Permit # 2510-93

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 1000 Chamber Bridge Rd.

Owner in Fee Federal Realty Investment Trust
Address 122-C Park Ave.
Willow Grove, PA 19090
Tele. (215) 657-8742
Contractor Arnco Inc.
Address 1133 So. Broad St.
Wallingford, CT 06492
Tele. (203) 238-1224
Lic. No. or Bldrs. Reg. No. 1240666405
Federal Emp. No. 06 0853906 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.

Paul C
Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	10/20/93	PW
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date. 10/23/93
Approved By: J. C. Kinsella

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.
Total Bldg. Area/All Floors ____ Sq. Ft.
Volume of Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other ____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence ____ Height
  [X] Sign 26 Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other ____

(Office Use Only)
FEE
$ ____

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

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

Burn

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # OCT 22 93 0 1 3 9 3 8
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 Rt 70 & Chambers Bridge
Owner in Fee Federal Realty Trust - Funkoland.
Address Same Above
Tele. (215) 732-0660
Contractor Hammer Electric Inc.
Address 7117 James St
Ph. Pa. 19135
Tele. (215) 331-2937
Lic. No. 6288
Federal Emp. No. 23-2069542 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed (Renovation)
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 6,000.—

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	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temporary				
Constr. 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.

Signature Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
20		Fixtures (1)	
20		Receptacles (2)	
2		Switches (3)	
64		Total 1 + 2 + 3	44
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
1	5 Kw	A/C Unit	7
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
1	45 Kw	Water Heater(s)	7
	___ Kw	Central heat: oil, gas or elec.	
1	.5 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	
1	100 Amp	Service Entrance	33
1	60	Other Re-introduction	

	Administrative Surcharge	$
Paid [T] Check # 12272	Minimum Fee	$ 91.—
RPF	DCA Training Fee	$ 5.—
Collected by:	TOTAL FEE	$ 96.—

U.C.C. Form F-120B

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Brick

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # OCT 22 93 0 1 3 9 3 7

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 At 70 + Chambers Bridge

Owner in Fee Federal Realty Trust - GNS.
Address Same Above

Tele. (215) 332-0660
Contractor Hammer Electric Inc
Address 717 James St.
Phila. Pa. 19135
Tele. (215) 331-2937
Lic. No. 6288
Federal Emp. No. 23-2069542 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed Renovation
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ $3,000.—

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
	Dates (Month/Day)			
Rough				
Temporary				
Constr. 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.

HAMMER ELECTRIC INC. 6288

Signature of Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE		ITEM	FEE (Office Use Only)
18			Fixtures (1)	
8			Receptacles (2)	
2			Switches (3)	
28			Total 1 + 2 + 3	40
		Kw	Range	
		Kw	Oven(s)	
		Kw	Surface Unit	
		hp	Dishwasher	
		hp	Garbage Disposal	
		Kw	Dryer	
1	5	Kw	A/C Unit	7
			Burglar Alarms	
			Intercoms Panels	
			Smoke Detectors	
		hp	Whirlpool/spa	
			Pool Bonding	
		hp	Pool Filter Motor	
			Pool Lights	
1	15	Kw	Water Heater(s)	7
		Kw	Central heat: oil, gas or elec.	
1	.5	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	
1	100	Amp	Service Entrance	33
			Other	

Paid [✓] Check # 12272
RPF
Collected by:

Administrative Surcharge	$
Minimum Fee	$ x7.—
DCA Training Fee	$ 2.—
TOTAL FEE	$ 89.—

U.C.C. Form F-120B

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

ARNCO SIGN & CRANE SERVICE
1133 South Broad Street
WALLINGFORD, CONNECTICUT 06492

(203) 238-1224 (203) 265-0851

DATE 10-20-93 ☐ **URGENT** ☐ SOON AS POSSIBLE ☐ NO REPLY NEEDED

FILE NO.

ATTENTION Code Enforcement - Building Dept.

SUBJECT Funcoland
Brick Plaza
1000 Chambersbridge Rd.
& Route 70

TO
Town of Brick
401 Chamber Bridge Rd.
Brick, NJ 08723

MESSAGE

Enclosed is the extra $5.00 fee for the above referenced location we will stop in at a later date to pick up permit.

Thank you

SIGNED Gail

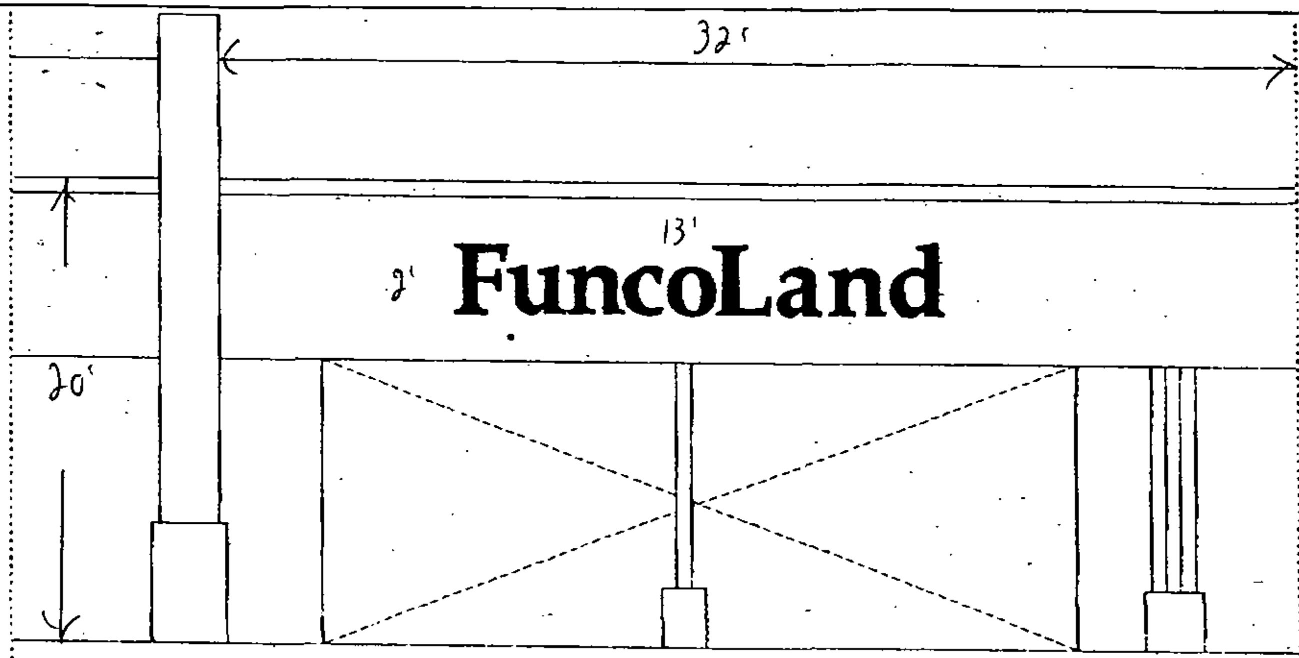
REPLY

DATE OF REPLY

SIGNED

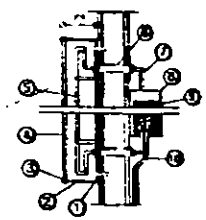
Brick Plaza
1000 Chambersbridge Rd
Brick, NJ

Marc



640 sq ft Building Front
26 sq ft Signage (4%)

INDIVIDUAL LIT LETTER SECTION



1) [illegible] ALUMINUM BACK
2) [illegible] RETURN
3) TRIM CAP
4) MULTI COLOR ACRYLIC FACE
5) MULTI COLOR NEON
6) PK HOUSING
7) METAL CONDUIT W/ GTO WIRE
8) TRANSFORMER BOX
9) [illegible] MA TRANSFORMER
10) 120 VOLT SERVICE

Project	City	Salesperson	Scale	Customer Approval	Date	Revisions	schad-tracy signs
Address	State	Date	Drawn by				

Arnco

Arnco Sign Company, Inc.
1133 South Broad Street
Wallingford, Connecticut 06492
(203) 238-1224 – 265-0851
CT TOLL FREE 1-800-228-1009

October 14,1993

Town of Brick
401 Chamber Bridge Rd.
Brick, NJ 08723
ATIN: Building Dept.

RE: FuncoLand
Brick Plaza

Dear Sir,

We have enclosed the sign permit application filled out, a drawing showing the sign with landlord approval, the required $47.00 fee, and a self addressed stamped envelope.

We are requesting to install the FuncoLand sign over the storefront. Please write in block and lot #.

Please advise us at 1-800-426-7187 if there are any questions.

Sincerely,

Paul Cohen
VP/Installations

PC/gs

LANDLORD

- ☐ APPROVED
- ☒ APPROVED AS NOTED
- ☐ NOT APPROVED
- ☐ REVISE & RESUBMIT
- ☐ PROCESS FOR CONSTRUCTION

BY [signature] DATE 7.27.93

TENANT ______

BY ______ DATE ______

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

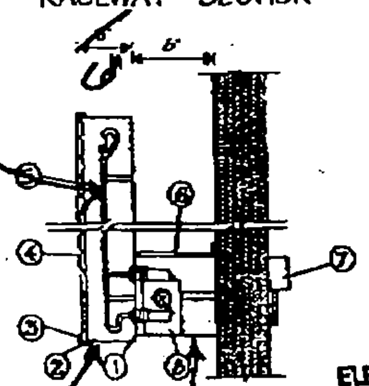
13'0"

CENTER 8"x8" RACEWAY IN LETTERING

- SIGN MUST BEAR UL LABEL

(5) 2 rows 15mm white 6500 neon tubing with H-GAS

RACEWAY SECTION



1/4" weep hole

CENTER RACEWAY IN LETTERS.

Bronze Anodized

1) .040 ALUMINUM BACK
2) .040 DARK BRONZE ALUM. RETURNS SILVATRIM
3) TRIM CAP BRONZE
4) RED ACRYLIC FACE WHITE # 7328 ROHM HAAS
5) RED COLOR NEON TUBE WHITE
6) METAL RACEWAY PAINTED BRONZE
7) 120 VOLT SERVICE
8) 30 MA TRANSFORMER

ELECTRICAL REQUIREMENTS: 9 AMPS

Project	City	Salesperson	Scale	Customer Approval	Date	Revisions
BRICK PLAZA	BRICK, NJ.	DF.				
Address: ZAMBERBRIDGE RD & Route 70	State	Date: 9/21/93	Drawn by: JK.			

schad tracy signs

SEN.

2510*#

BLOCK	0.00
671 #	
LOT	0.00
8 #	
SIGNS	26.00
PLAN RVW	5.00
D.C.A.	1.00
C / O	20.00
TOTAL	52.00
CHECK	52.00
CHANGE	0.00

10/21/93 NO. 5 0034A005 14:22