BLOCK 673 LOT 13 QUALIFICATION CODE _____ ADDRESS (SITE) 741 Brick blvd PERMIT NO. 07-3837

CONSTRUCTION PERMIT APPLICATION

CO6.104/687

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

Called 12/3/07

I. IDENTIFICATION

1. Proposed Work Site at: 741 Brick blvd - Friendly's
2. Name of Owner in Fee: Realty Income Corp Tel. (___) _____
   Address 220 W. Crest St. (street) (municipality) (zip code)
3. Ownership in fee: Public _____ Private _____
4. Principal Contractor: The Sign Center Tel. 978 372-3721
   Address 40 Orchard St. Haverhill MA
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (___) _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. (___) _____ FAX: (___) _____

V. FEE SUMMARY (for office use only)

74 ✓

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$ 3		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. State Permit Fee Surcharge			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other ZA	30		
13. TOTAL	$ 107		

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	

COMMERCIAL

sign

OPTIONAL (for office use only)

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
1. ☐ Minor Work					11-28-07	KM			
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		ewo	12/7/07		12/7/07	M			
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
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:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

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 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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

IMPORTANT
A.H.B.T. - EXEMPT

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials
9-27-6	LETTER OF ZONING DENIAL ISSUED	SE 26

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/02/2009
Control Number C-06-104687
Permit Number 07-3837
Permit Issue Date 12/12/2007
Certificate Number 07-3837

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 741 BRICK BLVD. Brick Township, NJ Block: 673 Lot: 13 Qual:

Owner in Fee: REALTY INCOME CORP

Owner Address: 220 WEST CREST ST ESCONDIDO NJ 92025

Telephone: (413) 543-2400

Contractor REALTY INCOME CORP

Address 220 WEST CREST ST ESCONDIDO NJ 92025

Telephone: (413) 543-2400 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SIGN INSTALLATION REPLACE EXISTING GABLE LETTERING REPLACE EXISTING FREE STANDING SIGN FACLES.

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 12/02/2009 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 12/12/2007
Control # C-06-104687
Permit # 07-3837

IDENTIFICATION Block: 673 Lot: 13 Qualifier

Work Site Location: 741 BRICK BLVD. Brick Township, NJ

Owner in Fee: REALTY INCOME CORP
220 WEST CREST ST ESCONDIDO NJ 92025

Telephone: (413) 543-2400

Contractor: REALTY INCOME CORP
Address: 220 WEST CREST ST ESCONDIDO NJ 92025

Telephone: (413) 543-2400
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [ ] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [ ] ELECTRICAL
- [ ] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:

SIGN INSTALLATION REPLACE EXISTING GABLE LETTERING REPLACE EXISTING FREE STANDING SIGN FACLES.

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $2,485

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$74
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$30
Total	$107
Check No.	9700
Cash	$0
Credit	$0
Collected By	Alyse Pierce

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [ ] Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [ ] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [ ] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 09/25/2006
Control # C-06-104687
Date Issued 12/12/07
Permit # 07-3837

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 673 Lot 13 Qualification Code

Work Site Location: 741 BRICK BLVD. Brick Township, NJ

Owner in Fee: REALTY INCOME CORP

Address 220 WEST CREST ST ESCONDIDO NJ

Tel. (413) 543-2400

Contractor: THE SIGN CENTER

Address 40 ORCHARD STREET HAVERHILL MA

Tel. (978) 372-3721 Fax. (978) 521-2192

Contractor License No. or, if new home, Bldrs Reg. No.

Federal Employee No. 043-584718

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☒ No Plan Required	11-25-07	KM
☐ All		
☐ Footing		
☐ Foundation		
☐ Frame		
☐ Other		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCO ☒ CA
Date: 12/2/09
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final			12-1-09	JM
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U
Constr. Class Present Proposed
Number 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. $0
2. Rehabilitation $0
3. Total (1+2) $2,485

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

SIGN INSTALLATION, REPLACE EXISTING GABLE LETTERING
REPLACE EXISTING FREE STANDING SIGN FACLES.

Address Must Be On Sign

COMMERCIAL

TYPE OF WORK

		FEE (Office Use Only)
☐ New Building		$0
☐ Addition		$0
☐ Rehabilitation		$0
☐ Roofing		$0
☐ Siding		$0
☐ Fence	Height (exceeds 6')	$0
☑ Sign	74 Sq. Ft.	$74
☐ Pool		$0
☐ Asbestos Abatement Subchapter 8		$0
☐ Lead Haz Abatement NJAC 5:17		$0
☐ Other		$0
☐ Demolition		$0
Administrative Surcharge		$0
Minimum Fee		$0
State Permit Surcharge Fee		$3
TOTAL FEE		$77

Applicant: When submitting this form to your Local Construction Code

741
Friendly's
WARM UP
comcast

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 09/25/2006
Control # C-06-104687
Date Issued
Permit #

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 673 Lot 13 Qualification Code

Work Site Location: 741 BRICK BLVD. Brick Township, NJ

Owner in Fee: REALTY INCOME CORP

Address 220 WEST CREST ST ESCONDIDO NJ

Tel. (413) 543-2400

Contractor: THE SIGN CENTER

Address 40 ORCHARD STREET HAVERHILL MA

Tel. (978) 372-3721 Fax. (978) 521-2192

Contractor License No. or, if new home, Bldrs Reg. No.

Federal Employee No. 043-584718

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☑ No Plan Required		
☐ All		
☐ Footing		
☐ Foundation		
☐ Frame		
☐ Other		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U
Constr. Class Present Proposed
Number 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. $0
2. Rehabilitation $0
3. Total (1+2) $2,485

C. CERTIFICATION IN LIEU OF OATH

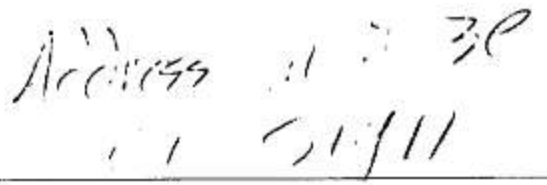
I hereby certify that I am the (agent of) owner of the record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

SIGN INSTALLATION, REPLACE EXISTING GABLE LETTERING
REPLACE EXISTING FREE STANDING SIGN FACLES.



TYPE OF WORK

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence Height (exceeds 6')
- ☑ Sign 74 Sq. Ft.
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz Abatement NJAC 5:17
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)	
	$0
	$0
	$0
	$0
	$0
	$0
	$74
	$0
	$0
	$0
	$0
	$0
Administrative Surcharge	$0
Minimum Fee	$0
State Permit Surcharge Fee	$3
TOTAL FEE	$77

Applicant: When submitting this form to your Local Construction Code

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 09/25/2006
Control # C-06-104687
Date Issued
Permit #

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Block 673 Lot 13 Qualification Code

Work Site Location: 741 BRICK BLVD. Brick Township, NJ

Owner in Fee: REALTY INCOME CORP

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Tel. (413) 543-2400

Contractor: THE SIGN CENTER

Address 40 ORCHARD STREET HAVERHILL MA

Tel. (978) 372-3721 Fax. (978) 521-2192

Contractor License No. or, if new home, Bldrs Reg. No.

Federal Employee No. 043-584718

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- ☐ No Plan Required
- ☐ All
- ☐ Footing
- ☐ Foundation
- ☐ Frame
- ☐ Other

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U
Constr. Class Present Proposed
Number 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. $0
2. Rehabilitation $0
3. Total (1+2) $2,485

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

SIGN INSTALLATION, REPLACE EXISTING GABLE LETTERING
REPLACE EXISTING FREE STANDING SIGN FACLES.

TYPE OF WORK — FEE (Office Use Only)

☐ New Building	$0
☐ Addition	$0
☐ Rehabilitation	$0
☐ Roofing	$0
☐ Siding	$0
☐ Fence ____ Height (exceeds 6')	$0
☑ Sign 74 Sq. Ft.	$74
☐ Pool	$0
☐ Asbestos Abatement Subchapter 8	$0
☐ Lead Haz Abatement NJAC 5:17	$0
☐ Other	$0
☐ Demolition	$0
Administrative Surcharge	$0
Minimum Fee	$0
State Permit Surcharge Fee	$3
TOTAL FEE	$77

Applicant: When submitting this form to your Local Construction Code

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Engineering
Office of the Municipal Engineer
(732) 262-1040
Fax: (732) 262-8954
http://www.twp.brick.nj.us

Date: _____

PLOT PLAN EXEMPT FORM

Block: 673 Lot: 13

Property Address: 711 Brick Blvd

I, _____ (name) of _____ (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

_____
Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: 12/2/09 Signed: _____

Rejected on: _____ Signed: _____

Comments:

OFFICIAL

40 Orchard St.
Haverhill, MA 01830
978-372-3721
978-521-2192 (Fax)

THE SIGN CENTER

Fax

To: Frank Mizzi From: Carla Marie Crespo

Fax: Pages (2)

Phone: Date: 29 November 2007

Re:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Dear Frank,

Please review modified pylon design. We have added the street number to the top.

We will look forward to hearing your thoughts

Best,
Carla

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER 104687

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 711 Brick Blvd.

DATE REVIEWED: 10-25-06

REVIEWED BY: FM

CONTACT CALLED/FAXED: 978-372-3721 @ 8:30 Spoke To Secretary.

No Street # Address on Sign

Called 11-28-07 Spoke to Secretary Again They will call Back. Will Fax Revised plan

Frank/plan review template

Township of Brick
Zoning Permit

Approved: Friday, October 20, 2006 **Number:** 1337

Block 673 **Lot** 13 **Zone:** B-3, Hwy. Dev.

Property Address: 741 Brick Boulevard

Applicant: Christine Callaghan, The Sign Center

Property Owner: Friendly's Restaurant

Existing Use: Restaurant "Friendly's"

Proposed Use: Restaurant "Friendly's"

Proposed Construction: Replace wall sign 43" x 127.3" (38 sq. ft.) "Friendly's"; Replace ground sign, face only, 72" x 72" (36 sq. ft.) "Friendly's Restaurant & Ice Cream"

Conditions:
Both signs to be the same size, height and location.
The street address must be mounted on the sign or on the store front.
An additional Zoning Permit is required for any other sign or work.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that 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
Principal Planner

Sean Kinnevy
Zoning Officer

Township of Brick
Zoning Permit

Approved: Friday, October 20, 2006 **Number:** 1337

Block 673 **Lot** 13 **Zone:** B-3, Hwy. Dev.

Property Address: 741 Brick Boulevard

Applicant: Christine Callaghan, The Sign Center

Property Owner: Friendly's Restaurant

Existing Use: Restaurant "Friendly's"

Proposed Use: Restaurant "Friendly's"

Proposed Construction: Replace wall sign 43" x 127.3" (38 sq. ft.) "Friendly's";
Replace ground sign, face only, 72" x 72" (36 sq. ft.)
"Friendly's Restaurant & Ice Cream"

Conditions:
Both signs to be the same size, height and location.
The street address must be mounted on the sign or on the store front.
An additional Zoning Permit is required for any other sign or work.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that 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
Principal Planner

Sean Kinnevy
Zoning Officer

OCT 20 2006

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 673 LOT 13 QUALIFIER N/A

PROPERTY ADDRESS 741 BRICK BOULEVARD

PERSONAL NAME OF APPLICANT CHRISTINE CALLAGHAN

BUSINESS NAME OF APPLICANT THE SIGN CENTER

MAILING ADDRESS OF APPLICANT 40 ORCHARD ST. HAVERHILL, MA 01830

PROPERTY OWNER'S FULL NAME FRIENDLY'S RESTAURANT

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) RESTAURANT

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) RESTAURANT

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☐ Alteration
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☒ Other (please describe) REPLACING EXISTING GABLE LETTERING AND REPLACE EXISTING FREE STANDING SIGN.

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

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 Christine Callaghan Date 10/10/06

Reviewed by Zoning Office SE Date 10/20/06 ☒ Approved ( ) Denied

Resubmit 10/20/06 KMD

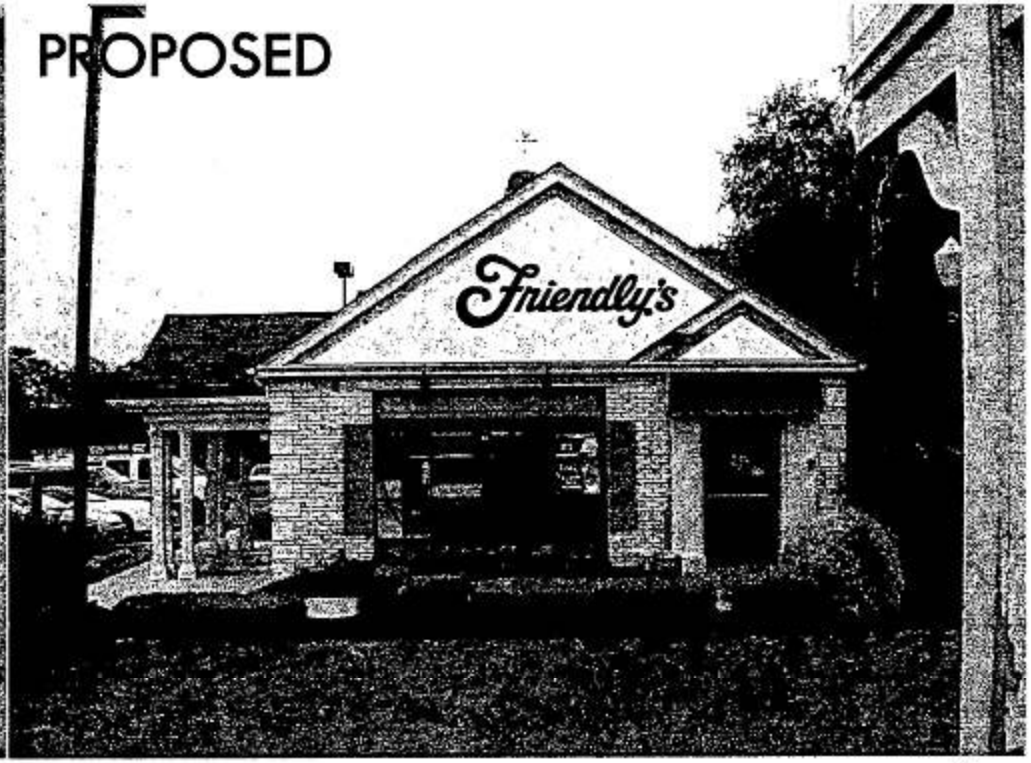
March 2003

S:\JOBS\RESTAURANTS\Friendly's\BricktownNJ_Front.plt 8/18/2006 11:57:47 AM Scale: 1:112.26 Height: 635.390 Length: 1179.528 in

741 Brick Boulevard

EXISTING

PROPOSED



THE SIGN CENTER
HAVERHILL, MA 978-372-3721

FRIENDLY'S

741 Brick Boulevard, Bricktown NJ 08723

Sales Associate JAY KAHN

Brick Township

	Class	Date	By
Plan Review			
Zoning	replace sign	10/23/6	JC
Plumbing			
Building			
Fire			
Electrical			

date	AUGUST 18, 2006
designed by	AUDREY
file name	BricktownNJ .plt
details	38. sf.
	43" X 127.3" X 3/4" PVC LOGO
	CUSTOM PAINT PMS 485 RED
	FLUSH STUD MOUNTING
	2 DOOR DECALS

S:\JOBS\RESTAURANTS\Friendly's\BricktownNJ_Pylon 72x72.plt 9/14/2006 9:48:10 AM Scale: 1:96.14 Height: 563.840 Length: 1010.138 in

741 Brick Boulevard

EXISTING

PROPOSED

THE SIGN CENTER
HAVERHILL, MA 978-372-3721

FRIENDLY'S

741 Brick Boulevard, Bricktown NJ 08723

Sales Associate JAY KAHN

Brick Township

	Class	Date	By
Plan Review			
Zoning	replace sign	10/23/6	SC
Plumbing			
Building			
Fire			
Electrical			

date	AUGUST 18, 2006
designed by	AUDREY
file name	BricktownNJ Pylon.plt
details	72" X 72" OUTER RETAINER 71.5" X 71.5" X 3/16" WHITE LEXAN FACES TRANS LIGHT TOMATO RED HP PSV 3 LINES OF READER BOARD TEXT MOUNT INTO EXISTING FRAME

S:\JOBS\RESTAURANTS\Friendly's\BricktownNJ_Front.plt 8/31/2006 3:58:44 PM Scale: 1:112.26 Height: 610.840 Length: 1179.528 in

741 Brick Boulevard

EXISTING

PROPOSED

THE SIGN CENTER
HAVERHILL, MA 978-372-3721

FRIENDLY'S

741 Brick Boulevard, Bricktown NJ 08723

Sales Associate JAY KAHN

Brick Township

Plan Review Class Date By

Zoning replace sign 10/23/6 RC

Plumbing

Building

Fire

Electrical

date	AUGUST 18, 2006
designed by	AUDREY
file name	BricktownNJ .plt 38 SF.
details	**43" X 127.3" X 3/4" PVC LOGO** **CUSTOM PAINT PMS 485 RED** **FLUSH STUD MOUNTING**

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 673 Lot 13 Qualification Code N/A

Work Site Location 741 BRICK BOULEVARD

Owner in Fee: FRIENDLY'S

Tel. (413) 543-2400 e-mail

Address 1855 BOSTON ROAD, WILBRAHAM, MA 01095
(street) (municipality) (zip code)

Contractor THE SIGN CENTER Tel. (978) 372-3721

Address 40 ORCHARD STREET, HAVERHILL MA 01830 e-mail

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 043584718 FAX: (978) 521-2192

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present RESTAURANT Proposed N/A
Constr. Class Present SIGN Proposed N/A
No. of Stories 1
Height of Structure SEE DRAWINGS Ft.
Area — Largest Floor N/A Sq. Ft.
New Bldg. Area/All Floors N/A Sq. Ft.
Volume of New Structure N/A Cu. Ft.
Total Land Area Disturbed N/A Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 2495.00
2. Rehabilitation $
3. Total (1+ 2) $ 2495.00

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 Christine Gallagher

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACE EXISTING GABLE LETTERING
REPLACE EXISTING FREE STANDING SIGN FACES.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[X] Sign 74 Sq. Ft. total
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$
Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

S:\JOBS\RESTAURANTS\Friendly's\BricktownNJ_Pylon 72x72.plt 9/14/2006 9:48:10 AM Scale: 1:96.14 Height: 563.840 Length: 1010.138 in

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FRIENDLY'S

741 Brick Boulevard, Bricktown NJ 08723

Sales Associate JAY KAHN

Brick Township

Plan Review	Class	Date	By
Zoning	replace Sign	10/23/6	SC
Plumbing			
Building			
Fire			
Electrical			

date AUGUST 18, 2006

designed by AUDREY

file name BricktownNJ Pylon.plt

details
72" X 72" OUTER RETAINER
71.5" X 71.5" X 3/16" WHITE LEXAN FACES
TRANS LIGHT TOMATO RED HP PSV
3 LINES OF READER BOARD TEXT
MOUNT INTO EXISTING FRAME

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FRIENDLY'S

741 Brick Boulevard, Bricktown NJ 08723

Sales Associate JAY KAHN

Brick Township

	Class	Date	By
Plan Review			
Zoning	replace sign	10/23/6	MC
Plumbing			
Building			
Fire			
Health			

date AUGUST 18, 2006

designed by AUDREY

file name BricktownNJ .plt 385.

details

43" X 127.3" X 3/4" PVC LOGO
CUSTOM PAINT PMS 485 RED
FLUSH STUD MOUNTING

S:\JOBS\RESTAURANTS\Friendly's\BricktownNJ_Pylon 72x72.plt 9/12/2006 3:13:32 PM Scale: 1:65.36 Height: 472.429 Length: 505.603 in

741 Brick Boulevard

Brick Township

Plan Review Class Date By

Zoning replace sign 10/13/6 MC

Plumbing

THE SIGN CENTER
HAVERHILL, MA 978-372-3721

FRIENDLY'S

741 Brick Boulevard, Bricktown NJ 08723

Sales Associate JAY KAHN

date	AUGUST 18, 2006
designed by	AUDREY
file name	BricktownNJ Pylon.plt
details	72" X 72" OUTER RETAINER 36 s.f. 71.5" X 71.5" X 3/16" WHITE LEXAN FACES TRANS LIGHT TOMATO RED HP PSV 3 LINES OF READER BOARD TEXT MOUNT INTO EXISTING FRAME

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Administration & Finance
Division of Land Use and Planning
Sean Kinnevy
Zoning Officer
(732) 262-1041
skinn@twp.brick.nj.us

Kate MacDonald
Asst. Zoning Officer
(732) 262-1043
Fax: (732) 262-8954
kmacdon@twp.brick.nj.us
http://www.twp.brick.nj.us

September 27, 2006

Christine Callaghan
The Sign Center
40 Orchard Street
Haverhill, MA 01830

Re: Block: 673 Lot: 13
741 Brick Boulevard

Dear Ms Callaghan,

Your zoning permit application for alterations on the referenced property cannot be approved because the application does not describe the work proposed. The application must be completely and accurately filled out.

Mail-in and/or drop-off applications are not recommended. A lack of review by the Zoning Permit Clerk often results in incomplete and inaccurate applications which cause delays in the review process.

Please amend your application and submit the required information to LisaRose Tavalaiccio, Zoning Permit Clerk. Ms Tavalaiccio can be reached at 732-262-1046 for further information. We will then be able to review your application.

Very Truly Yours,

Kate MacDonald

Kate MacDonald
Assistant Zoning Officer

C: Daniel Newman, Jr., Construction Official
Zoning Office File

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

RECEIVED SEP 21 2006

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 673 LOT 13 QUALIFIER N/A

PROPERTY ADDRESS 741 BRICK BOULEVARD

PERSONAL NAME OF APPLICANT CHRISTINE CALLAGHAN

BUSINESS NAME OF APPLICANT THE SIGN CENTER

MAILING ADDRESS OF APPLICANT 40 ORCHARD STREET, HAVERHILL, MA 01830

PROPERTY OWNER'S FULL NAME FRIENDLY'S RESTAURANT

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) RESTAURANT

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) RESTAURANT

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☒ Alteration
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) _____

CHECKLIST

☒ All information completed above
☐ Two (2) copies of a plot plan containing:
☒ All existing and proposed structures
☒ All dimensions of the lot and structures
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☒ All adjacent streets and waterways
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Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

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 Audrey Peterson Date 9/19/06

Reviewed by Zoning Office _____ Date 9/27/06 ( ) Approved (X) Denied

COMMERCIAL

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID 75 INSIG-1 | DATE (MM/DD/YYYY) 12/05/05

PRODUCER

D Banknorth Ins Agcy Inc (SF)
.O. Box 9040
pringfield MA 01102-9040
'hone: 413-781-5940 Fax: 413-733-7722

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

SURED

Insignia Inc DBA Sign Center
Jason M Kahn
40 Orchard St
Haverhill MA 01830

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	HANOVER INSURANCE CO.	22292
INSURER B:	Twin City Fire Insurance Co.	29459
INSURER C:	Hartford Fire Insurance Co	19682
INSURER D:	Nat'l Union Fire Pittsburgh PA	19445
INSURER E:		

OVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

SR ADD'L TR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY				EACH OCCURRENCE	$ 1,000,000
	[X] COMMERCIAL GENERAL LIABILITY	08SBAPJ4769	12/01/05	12/01/06	DAMAGE TO RENTED PREMISES (Ea occurence)	$ 300,000
	[ ] CLAIMS MADE [X] OCCUR				MED EXP (Any one person)	$ 10,000
					PERSONAL & ADV INJURY	$ 1,000,000
					GENERAL AGGREGATE	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	$ 2,000,000
	[ ] POLICY [ ] PRO-JECT [ ] LOC					
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	[ ] ANY AUTO	AMN663183903	12/12/05	12/12/06		
	[ ] ALL OWNED AUTOS				BODILY INJURY (Per person)	$
	[X] SCHEDULED AUTOS					
	[X] HIRED AUTOS				BODILY INJURY (Per accident)	$
	[X] NON-OWNED AUTOS					
					PROPERTY DAMAGE (Per accident)	$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$
	[ ] ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	$
					AGG	$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	$ 2,000,000
	[X] OCCUR [ ] CLAIMS MADE	EBU9038191	12/12/05	12/12/06	AGGREGATE	$ 2,000,000
						$
	[ ] DEDUCTIBLE					$
	[X] RETENTION $ 10,000					$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				[X] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	08WECGU7291	12/12/05	12/12/06	E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	$ 500,000
					E.L. DISEASE - POLICY LIMIT	$ 500,000
	OTHER					

SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

o provide evidence of insurance.

ERTIFICATE HOLDER

GENERIC

For Insurance Purposes Only

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

TD Banknorth Ins. Agency, Inc.

BLOCK 673 LOT 13 QUALIFICATION CODE _____ ADDRESS (SITE) 741 Brick Boulevard PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 741 BRICK BOULEVARD
2. Name of Owner in Fee: FRIENDLY'S Tel. (413) 543-2400
   Address 1855 (street) BOSTON ROAD, (municipality) WILBRAHAM, MA 01095 (zip code)
3. Ownership in fee: Public FRIENDLY'S Private _____
4. Principal Contractor: THE SIGN CENTER Tel. (978) 372-3721
   Address 40 ORCHARD STREET, HAVERHILL, MA 01830
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 043584718 FAX: (978) 521-2192
5. Architect or Engineer _____ Tel. (___) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Audrey Peterson
   Tel. (978) 372-3721 FAX: (978) 521-2192

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
2. Height of Structure See Drawings ft.	
3. Area — Largest Floor _____ sq. ft.	
4. New Building Area _____ sq. ft.	
5. Volume of New Structure _____ cu. ft.	
6. Construction Classification Signage	
7. Total Land Area Disturbed N/A sq. ft.	
8. Flood Hazard Zone N/A	
9. Base Flood Elevation _____ ft.	
10. Wetlands yes _____	
no X	
11. Max. Live Load _____	
12. Max. Occupancy Load _____	

II. PROPOSED WORK

OPTIONAL (for office use only)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☒ b. Alteration	2495.00								
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

4. No. of dwelling units:	All Units	Income-restricted
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:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

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 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 The Sign Center

Address 40 Orchard St.
Haverhill, MA 01830

Telephone (978) 372-3721

Signature Audrey Peterson

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			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

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. _____	_____	_____	_____	_____

ANY BUILDING QUESTIONS
CALL 732-262-1027

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

THE SIGN CENTER

Township of Brick
401 Chambersbridge Rd
Brick, NJ 08723

14 December 2007

RE: Friendly's Restaurant and Ice Cream
741 Brick Blvd
Bricktown, NJ 08723

It was a pleasure to speak with you last week regarding the Friendly's Restaurant and Ice Cream permit application. Enclosed please find a check for $107 and a return envelope.

If anything has been overlooked, or if you have any questions regarding this project please call me at 978.372.3721.

Thank you for all your help,

Carla Marie Ciampa

THE SIGN CENTER

9700

TOWNSHIP OF BRICK

12/4/2007

FRIENDLY'S

107.00

Cash; Banknorth NA - FRIENDLY'S

107.00