Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

This File Contains Personal Identifiable Information of Private Citizen(s).

Certain information contained in this file is ***Exempt from Release*** under the Open Public Records Act (OPRA) (Public Law 2001, CHAPTER 404 (N.J.S.A. 47:1A-1 et seq.)) and Executive Orders issued by the Governor of New Jersey. The following information ***MUST*** be redacted prior to release:

- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 701 LOT 7 QUALIFICATION CODE _____ ADDRESS (SITE) 744 Route 70 PERMIT NO. 20-0148

CONSTRUCTION PERMIT APPLICATION

19-004264

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

I. IDENTIFICATION

1. Proposed Work Site at: ~~744~~ ~~Rt~~ NJ-70 BRICK, NJ
2. Name of Owner in Fee: Vornado
   Tel. 201-587-7000 e-mail _____
   Address 210 Route 4 East (street) Paramus (municipality) 07652 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: MidAtlantic Sign & Awning Tel. 800-779-8205
   Address 541 Commerce St. Suite 1 e-mail _____
   Franklin Lakes, NJ 07417
   License No. OR, if new home, Builder Reg. No. 13VH07191800 Exp. Date 3/31/2020
   Home Improvement Contractor Registration No. or Exemption Reason
   Federal Emp. ID No. 460685856 FAX: 201-783-4224
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun BOB Behles
   Tel. 800-779-8205 FAX: _____

Urgent Care

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 150		
2. Electrical	150		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	135		
10. Subtotal	2 $ 175		
11. Cert. of Occupancy			
12. Other	0.88		
13. TOTAL	$ 0.88		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories 1
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. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building, State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

COMMERCIAL

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building	7,000				01/10/20	KEK			
☒ Electrical					12-20-19	MM2			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Eng	Exempt		12/5/19	ECE			
TOTAL COST	$7,00 $0								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale _____ _____
   Gained, Rental _____ _____
   Lost, Sale _____ _____
   Lost, Rental _____ _____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Presen Select Group

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
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
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 7/23/2020
Control Number C-19-004264
Permit Number 20-0148
Permit Issue Date 1/15/2020
Certificate Number 20-0148

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 744 ROUTE 70 Brick Township, NJ Block: 701 Lot: 7 Qual:
Owner in Fee: BRICKTOWN VF LLC
Owner Address: 210 ROUTE 4 EAST PARAMUS NJ 07652
Telephone:
Contractor MID ATLANTIC SIGN
Address 541 COMMERCE ST. FRANKLIN LAKE NJ 07417
Telephone: (800) 779-8205 Fax: Federal Emp. Number:
License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5 Construction Classification:
Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SIGN INSTALLATION - - URGENT CARE ...INSTALL ILLUMINATED FACADE SIGN

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
Date Printed: 7/23/2020

U.C.C. F260 (rev. 08/05)

Fee: $0.00
Check Number:
Collected By:

Urgent Care

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 1/15/20
Control #
Date Issued
Permit # 20-0148

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

Block 701 Lot 7 Qualification Code

Work Site Location 686 NJ-70
Brick, NJ 08723

Owner in Fee: Vornado

Tel. (201) 587-1000 e-mail

Address 210 Route 4 East (street) Paramus (municipality) 07652 (zip code)

Contractor: Midatlantic Sign & Awning Tel. (800) 779-8205

Address 541 Commerce Street Bldg 1 e-mail

Franklin Lakes, NJ 07417

Contractor License No. or Builder Registration No. 13VH07191800 Exp. Date 03/31/2020

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 460685856 FAX: (201) 983-4224

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	01/10/20	KEK
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 01/10/20
Approved by: KEK.

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 07/08/20
Approved by: KEK.

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			07/08/20	KEK
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group 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.

Max. Live Load

Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 7,000
3. Total (1+ 2) $ 7,000

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.

Sign here:

Print name here: Bob Behles

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install 1 Channel letter sign on Raceway onto facade

COMMERCIAL

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence Height (exceeds 6')
- [X] Sign 89 Sq. Ft.
- [ ] 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 $

U.C.C. F110 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Urgent Care

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 1/15/20
Control #
Date Issued
Permit # 20-0148

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

Block 701 Lot 7 Qualification Code

Work Site Location ~~686 NJ-70~~ 744 Rt 70
Brick, NJ 08723

Owner in Fee: The Doctor's Office Urgent Care

Tel. (732) 262-8200 e-mail

Address 686 NJ-70 (street) Brick (municipality) 08723 (zip code)

Contractor: Coviello Electric Tel. (201) 843-6566

Address 162 South Main Street e-mail
Lodi, NJ

Contractor License No. 9101 Exp. Date 4-2021

Home Improvement Contractor Registration No. or Exemption Reason 34E100910100

Federal Emp. ID No. 223224481 FAX: (201) 843-0828

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 250

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.

Applicant sign/Contractor sign and seal here:

Print name here: Joe Coviello

[✓] Licensed Elec. Contractor [ ] Certified Landscape Irrigation Contr. [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Tie (1) New Sign into Existing Electrical Circuit

COMMERCIAL

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
1	4	KW Elec. Sign/Outline Light	

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[X] Electric Plans Approved
Date: 12-20-19 Approved by: MM

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 7-15-2020
Approved by: MM

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7-14-20	Q
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F120 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Urgent Care

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

Date Received 1/15/20
Control #
Date Issued
Permit # 20-0148

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

Block 701 Lot 7 Qualification Code

Work Site Location 686 NJ-70
Brick, NJ 08723

Owner in Fee: Vornado

Tel. (201) 587-1000 e-mail

Address 210 Route 4 East (street) Paramus (municipality) 07652 (zip code)

Contractor: Midatlantic Sign & Awning Tel. (800) 779-8205

Address 541 Commerce Street Bldg 1 e-mail
Franklin Lakes, NJ 07417

Contractor License No. or Builder Registration No. 13VH07191800 Exp. Date 03/31/2020

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 460685856 FAX: (201) 983-4224

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [✓] All — 01/10/20 K.E.K.
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 01/10/20
Approved by: K.E.K.

SUBCODE APPROVAL for CERTIFICATE
[ ] 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
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.
Max. Live Load
Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 7,000
3. Total (1+ 2) $ 7,000

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.

Sign here:

Print name here: Bob Behles

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install 1 Channel letter sign on Raceway onto facade

COMMERCIAL

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence Height (exceeds 6')
- [X] Sign 89 Sq. Ft.
- [ ] 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 $

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Urgent Care

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 1/15/20
Control #
Date Issued
Permit # 20-0148

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

Block 701 Lot 7 Qualification Code

Work Site Location 686 NJ-70
Brick, NJ 08723

Owner in Fee: The Doctor's Office Urgent Care

Tel. (732) 262-8200 e-mail

Address 686 NJ-70 (street) Brick (municipality) 08723 (zip code)

Contractor: Coviello Electric Tel. (201) 843-6566

Address 162 South Main Street e-mail
Lodi, NJ

Contractor License No. 9101 Exp. Date 4-2021

Home Improvement Contractor Registration No. or Exemption Reason 34E100910100

Federal Emp. ID No. 223224481 FAX: (201) 843-0828

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 250

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[X] Electric Plans Approved
Date: 12-20-19 Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

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.

Applicant sign/Contractor sign and seal here:

Print name here: Joe Coviello

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Tie (1) New Sign into Existing Electrical Circuit

COMMERCIAL

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/P.A.C. Panel	
0		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
1	4	KW Elec. Sign/Outline Light	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F120 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

CONSTRUCTION PERMIT

Date Issued 1/15/20
Control # C-19-004264
Permit # 20-0148

IDENTIFICATION Block: 701 Lot: 7 Qualifier

Work Site Location: 744 ROUTE 70 Brick Township, NJ

Owner in Fee: BRICKTOWN VF LLC
210 ROUTE 4 EAST PARAMUS NJ 07652

Telephone:

Contractor: MID ATLANTIC SIGN
Address: 541 COMMERCE ST. FRANKLIN LAKE NJ 07417

Telephone: (800) 779-8205
Lic. No. or Bldrs. Reg. No. 13VH07191800
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

SIGN INSTALLATION - URGENT CARE ...INSTALL ILLUMINATED FACADE SIGN

PAYMENTS (Office Use Only)

Building	$150
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$13
CO Fee	
Other	$0
Total	$313
Check No.	3496
Cash	$0
Credit	$0
Collected By	

+75
388

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 $7,250

D. Newman 1/10/20
Construction Official Date

U.C.C. F170
equiv (rev 1/04)

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:

- [x] 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".

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

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

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # ZP-20-00064
DATE ISSUED 1/15/20

BLOCK: 701 LOT: 9 QUALIFIER: — SITE ADDRESS: 744 Route 70 ~~686 NJ-70, Brick, NJ 08723~~

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Vornado
   COMPLETE ADDRESS: 210 Route 4 East, Paramus, NJ 07652
   PHONE # 201-587-1000 EMAIL: _____
2. NAME OF APPLICANT: MidAtlantic Sign and Awning
   APPLICANT ADDRESS: 541 Commerce Street, Franklin Lakes, NJ
   PHONE # 800-779-8205 EMAIL: MidAtlanticsignandawning@gmail.com
3. RESPONSIBLE PERSON FOR WORK: Bob Behles
   PHONE# 800-779-8205 FAX# ~~201-983-4224~~
4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 75-
OTHER: $ _____
TOTAL: $ 75-

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: x
EXISTING USE: _____
PROPOSED USE Signage

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: _____ *ADDITION _____ *ALTERATION _____ *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____

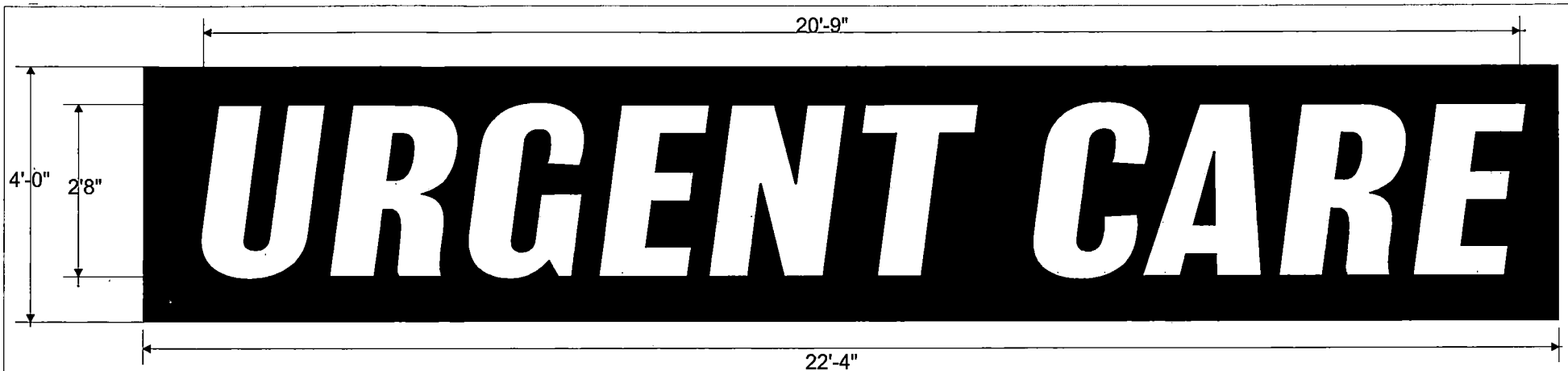
HEIGHT: _____ (*APPLICABLE)

OTHER Sign

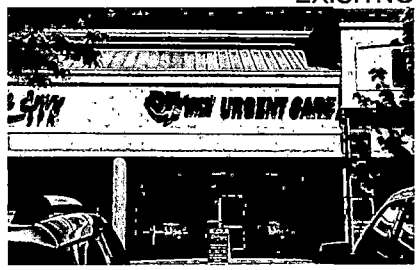
DESCRIPTION: Replacing existing channel Letter sign with new Channel letter sign

ZONING REVIEW:
DATE REVIEWED: 12-3-19 DATE DENIED: _____ DATE APPROVED: 12-3-19 INTLS: _____

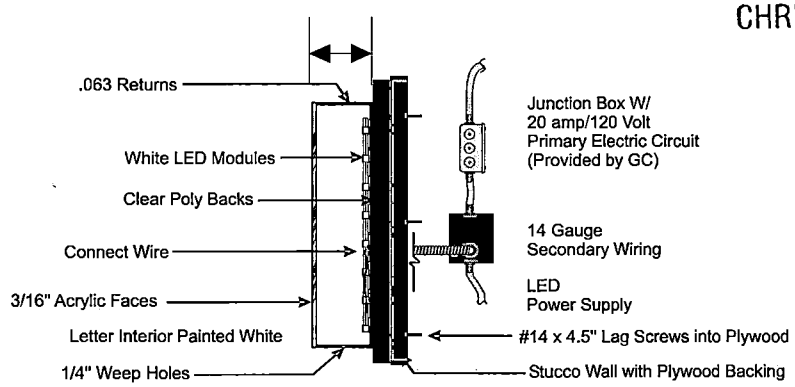
(SEE BACK PAGE)



EXISITNG



APPROVED FOR ZONING
12-3-19 Sign
CHRIS ROMANO, ZONING OFFICER



Led internally illuminated channel letters
- Attached with #14 x 4.5" Lags Through Stucco Wall into Plywood

PROPOSED

Specifications

- One (1) set 32"x20'9" Channel letters mounted to
- Welded aluminum Raceway Skinned with Duraboard
- White faces
- Red cans and white trim
- Internally Illuminated with White LED
-89.3 Sq.Ft.

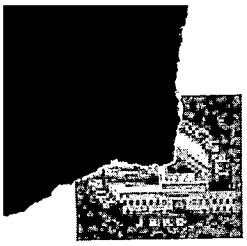
DATE: 9/16/2019
CONTACT: Bob Behles
...ENS:

CLIENT: The Doctors Office
LOCATION: Brick, NJ
SIGN TYPE: Channel Letters

APPROVAL:
DATE:

M A S A
541 Commerce St - Bldg 1
Franklin Lakes, NJ 07417
T- 800.779.8205
F- 201-983-4224

MIDATLANTIC
SIGN & AWNING



Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1041

Date Issued: 1/15/20
Application Number: ZA-19-01416
Application Date: 11/22/2019
Project Number:
Permit Number: ZP-20-00064
Fee: $75.00

Zoning Permit

Worksite **744 ROUTE 70**
Location: **Brick Township, NJ 08723**

Owner: **Vornado**
Address: **210 ROUTE 4 EAST**
PARAMUS, NJ 07652

Applicant: **MidAtlantic Sign & Awning**
Address: **541 Commerce Street**
Franklin Lakes, NJ 07417

Block: **701** Lot: **7** Qualifier: _____ Zone: **B-3**

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Present Use: **Medical Offices**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Medical Offices (Urgent Care)**

Work Description:
Sign - Replacing existing channel letter facade sign with new. "Urgent Care."

The sign area shall not exceed a maximum 15% of the first floor building facade.

Additional Zoning Permit is required for additional work or signage.

Application Approved Date: 12/3/2019

Upon review it was determined that the Zoning Permit:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on: _____
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Christopher J. Romano, Zoning Officer — 12/3/2019 Date

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: _____ LOT: _____ ADDRESS: 686 NJ-70 Brick, NJ 08723

IDENTIFICATION:

1. **WORK SITE ADDRESS:** 686 NJ-70 Brick, NJ 08723
2. **NAME OF OWNER IN FEE:** Vornado

   ADDRESS: 210 Route 4 East **PHONE #:** (201) 587-1000

   Paramus, NJ 07652 **FAX #:** (___) _____
3. **PRINCIPAL CONTRACTOR:** MidAtlantic Sign and Awning

   ADDRESS: 541 Commerce St **PHONE #:** (800) 779-8205

   Franklin Lakes, NJ **FAX #:** (201) 983-4224
4. **ARCHITECT OR ENGINEER:** _____

   ADDRESS: _____ **PHONE: #** (___) _____
5. **RESPONSIBLE PERSON FOR WORK:** Bob Behles

   ADDRESS: 541 COmmerce St. Franklin Lakes, Nj

PHONE #: (800) 779-8205 **FAX #:** (___) _____ **E-MAIL:** _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☒ OTHER Signage

LENGTH: 22'-4" **WIDTH:** 6" **HEIGHT:** 4'-0"

FEE SUMMARY:

APPLICATION FEE:	$ _____
REVIEW FEE:	$ _____
INSPECTION FEE:	$ _____
OTHER _____:	$ _____
BOND(S):	$ _____
TOTAL:	$ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: _____ **DATE REJECTED:** _____ **DATE APPROVED:** _____ **INITIALS:** _____

Township of Brick

SIGN CHECKLIST

REVISED 02/11/2015

1. Construction Jacket signed & completed – Front and inside the jacket filled out completely	Yes ✓	No ___
2. Zoning Permit application to be completed	Yes ✓	No ___
3. Four (4) copies of a plot plan or survey map must be submitted with the zoning permit application.	Yes ✓	No ___
4. Engineering permit application to be completed	Yes ✓	No ___
5. Building sub-code tech form to be completed	Yes ✓	No ___
6. Electrical sub-code tech form to be completed if needed	Yes ✓	No ___
7. Two sets of plans signed and sealed by a Design Professional	Yes ✓	No ___

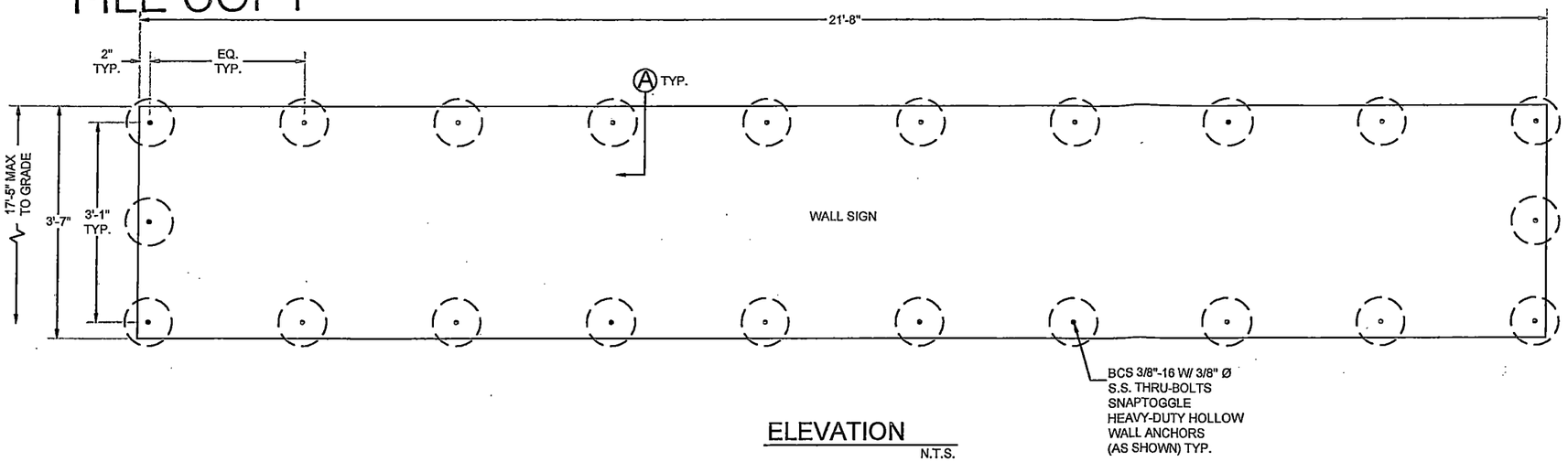
need to be Signed + Sealed X

SIGN DRAWING NOTES

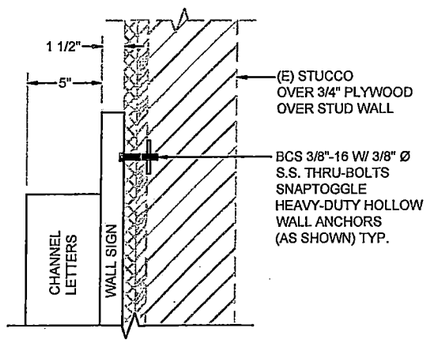
SEE BELOW:

- All dimensions of sign
- Area (square footage) of the sign
- Total height of the sign (pylon sign)
- Distance from the ground to the beginning of the sign (pylon sign)
- Wording of the sign
- Sign location on the building façade (wall sign)

FILE COPY



ELEVATION
N.T.S.



Ⓐ SECTION VIEW
N.T.S.

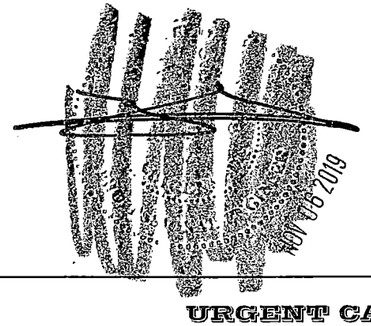
Sign Design Based on 2015 NJIBC

Job #	JTS_249419						
Project	Urgent Care - Wall Sign						
Job Location	686 Nj-70 Brick, NJ						
INPUT DATA							
Exposure category (B, C or D)						C	
Risk Category					=	II	
Nominal Design Wind Speed				V_{ULT}	=	130	mph
Topographic factor				K_{zt}	=	1	Flat
Height Above Grade				h	=	17.42	ft
Vertical dimension (for wall, s = h)				s	=	3.58	ft
Horizontal dimension				B	=	21.67	ft
Dimension of return corner				L_r	=	0.54	ft
ANALYSIS							
Velocity pressure							
$q_h = 0.00256\ K_h\ K_{zt}\ K_d\ V^2$	=	**32.15**	psf				
where:							
q_h = velocity pressure at height h. (Eq. 29.3-1, pg. 249)							
K_h = velocity pressure exposure coefficient					=	**0.87**	
evaluated at height above ground level, h (Tab. 29.3-1, pg. 251)							
K_d = wind directionality factor. (Tab. 26.6-1, pg. 194)					=	**0.85**	
Wind Force Low Rise Buildings (Sec. 30.4.2 & 29.4.2)							
Max horizontal wind pressure = $p = q_h\ G\ C_f$ =					=	30.31	psf
Cf = net GCp = external pressure coefficients (Fig. 30.4-1, page 277)						0.94	
A_s = B s = the gross area					=	**77.63**	ft^2
DESIGN SUMMARY							
Allowable Stress Design Wind Factor =						0.6	
Design Wind Pressure =		0.6 x p =				18.19	psf
Design Windforce, F =		18.19 x As =				1.412	kips
Sign Parameters:							
Weight of Cabinet, DL =			470	lbs			
Vertical Distance Between Anchors, y =			3.08	ft			
b (return) =			0.54	ft			
Offset from Wall =			0.00	ft			
Min. Number of Top & Bottom Anchors, Ab =			10	no.			

Anchor Design	TOGGLE ANCHOR SYSTEM				
Pullout Req'd.	USE	SNAPTOGGLE HEAVY-DUTY HOLLOW-WALL ANCHORS			
P = 75	**BCS 3/8-16 with 3/8" Dia. Thru-Bolts**		P =	250	
Shear Required					
V = 24			V =	102	
Unity =	(75 / 250) + (24 / 102)	0.5304	(OK)		

TOWNSHIP OF BRICK
RELEASED FOR PERMIT
INITIAL DATE
Building Subcode 01/10/20
Plumbing Subcode
Fire Subcode
Electrical Subcode M.J.O. 10 1/10
Plan Reviewer
Plans Released
Construction Official

FILE COPY



NOTES :

GENERAL :
- SIGN DESIGN IS BASED ON ADEQUATE EXISTING SUPPORT ELEMENTS.
- PROVIDE ISOLATION OF DISSIMILAR MATERIALS.
- COAT ALUMINUM IN CONTACT WITH CONCRETE WITH ZINC RICH PAINT.
- THERE IS NO PROTECTION ZONE AS DEFINED IN AISC 341-10.
- PROVIDE FULLY WELDED END CAPS AT EXPOSED OPEN ENDS OF STEEL / ALUM. TUBES, MATCH THICKNESS LIKE FOR LIKE.
- SLOPE TOP OF EXPOSED FOOTING AWAY FROM DIRECT BURIAL POSTS
- ALL EXPOSED STEEL TO BE PRIMED & PAINTED OR ALTERNATIVELY USE GALVANIZED STEEL.

ANCHORS :
- BRAND NAME APPROVED POST INSTALLED ANCHORS SPECIFIED ON PLANS MAY BE SUBSTITUTED BY APPROVED EQUAL.

STEEL :
DESIGN AND FABRICATION ACCORDING TO 2015 NJIBC
- PLATE, ANGLE, CHANNEL TEE, AND WIDE FLANGE: ASTM A36
- ROUND PIPE: ASTM A53 GRADE B OR EQUIVALENT.
- HSS ROUND, SQUARE, AND RECTANGULAR TUBE: ASTM A500 GRADE B
- OR EQUIVALENT ALL ANCHORS BOLTS SHOULD BE: ASTM F1554
- ALL STEEL MACHINED BOLTS SHOULD BE: ASTM A307
- ALL STAINLESS STEEL MACHINED BOLTS SHOULD BE: ASTM A276
- ALL BOLTS TO BE ZINC COATED BY (HOT DIPPED): ASTM A153 OR F2329
- DEFORMED REINFORCING REBAR: ASTM A615 GRADE 60.

ALUMINUM :
DESIGN AND FABRICATION ACCORDING TO 2015 ALUM. DESIGN MANUAL
PLATES, ANGLES, CHANNELS, TEE, AND SQUARE TUBING: ALUMINUM
- ALLOY 6061 - T6 WITH 0.098 LBS PER CUBIC INCH.

WELDING :
STEEL
DESIGN AND FABRICATION ACCORDING TO AWS D1.1.
- AWS CERTIFICATION REQUIRED FOR ALL STRUCTURAL WELDERS.
- E70 XX ELECTRODE FOR SMAW PROCESS.
- E70S XX ELECTRODE FOR GMAW PROCESS.
- ER7 XX ELECTRODE FOR GTAW PROCESS.
- E70T XX ELECTRODE FOR FCAW PROCESS.

ALL WELDS SHALL BE MADE WITH A FILLER METAL THAT CAN PRODUCE WELDS THAT HAVE A MINIMUM CHARPY V-NOTCH TOUGHNESS OF 20FT-LB AT ZERO 0° AS DETERMINED BY THE APPROPRIATE AWS A5 CLASSIFICATION TEST METHOD OR MFG'S. CERTIFICATION.

ALUMINUM
DESIGN AND FABRICATION ACCORDING TO AWS D1.2. ALL WELDING IN ACCORDANCE WITH THE LATEST EDITION OF THE AWS A.5.10.
FILLER ALLOYS PER TABLES M.9.1 & M.9.2 OF 2015 ALUMINUM DESIGN MANUAL.

www.yjinc.com
P.O. BOX 802050
SANTA CLARITA, CA. 91380
TEL. (661)259-0700 FAX. (661)259-0900

SHEET TITLE:

URGENT CARE
WALL SIGN

DRN BY: M.L.	DATE LAST REVISED: Nov 06, 2019	REV. NO.	REV. DATE	REVISED BY	PROJECT JOB #: JTS_249419_Urgent Care_Wall Sign_NJ-70_Brick_NJ.dwg
CHK BY: T.J.	PROJ. START DATE: Nov 6, 2019	1	-/-/-	–	PROJECT LOCATION: URGENT CARE 686 NJ-70 BRICK, NJ
REV BY: T.J.	SCALE: AS SHOWN	2	-/-/-	–	SHEET # 1 OF 1
plotted by: Ryan on 11.6.2019 @ 10:07 AM		3	-/-/-	–	