BLOCK 670 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) 2770 Hooper Ave PERMIT NO. 18-0341

CONSTRUCTION PERMIT APPLICATION

C18-000119

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

I. IDENTIFICATION

1. Proposed Work Site at: 2770 Hooper Ave Brick NJ 08723
2. Name of Owner in Fee: Fidelity Management LLC / Kennedy Mall 1322 C
   Tel. (973) 966-2800 x230 e-mail dsikkerbol@fidelityland.com
   Address 641 Shunpike Rd (street) Chatham (municipality) NJ (zip code) 07928
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Signarama of TR Tel. (732) 914-1150
   Address 1333 Route 9 TR NJ e-mail sales@signarama-tomsriver.com
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 45-5281148 FAX: (732) 914-1152
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (___) _____ FAX: (___) _____
6. Responsible Person in Charge once Work has Begun WARREN - Signarama
   Tel. (732) 914-1150 FAX: (732) 914-1152

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	4-		
10. Subtotal	$ 76		
11. Cert. of Occupancy	75		
12. Other			
13. TOTAL	$ 381-		

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. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved	I.D.	
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
- ☐ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☐ New Building
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☐ Renovation
- ☐ Radon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ Annual Permit

Sign

IIb. SUBCODES (Check all that apply)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		CMP			01/07/18	MAP			
☑ Electrical		1/9/18			1/22/18	AJC			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Eng	Exempt		1/19/18	ECC			
TOTAL COST									

FOR OFFICE USE ONLY (Optional)

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
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: _____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

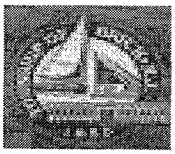
DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

U.C.C. F100-1 (rev. 8/08)

The Greenery Case



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 3/2/2018
Control Number C-18-000119
Permit Number 18-0341
Permit Issue Date 2/8/2018
Certificate Number 18-0341

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 2770 HOOPER AVE. Brick Township, NJ Block: 670 Lot: 4 Qual:

Owner in Fee: KENNEDY MALL ASSOCIATES

Owner Address: 641 SHUNPIKE RD. CHATHAM NJ 07928

Telephone: (973) 966-2800

Contractor SIGNARAMA OF TOMS RIVER

Address 1333 Route 9 Toms River NJ 08755

Telephone: (732) 914-1150 Fax: (732) 914-1152

License Number or Builders Registration Number: Federal Emp. Number: 22-3359939

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SIGN INSTALLATION - THE GREENERY CAFE ...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

Fee: $0.00
Check Number:
Collected By:

Date Printed: 3/2/2018

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

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(f)1.ix:

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. 5:23-2.15(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 WARREN SEGAL Signarama of Toms River

Address 1333 RT 9 Toms River NJ 08755

Telephone (732) 914-1150

Signature _____

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	JC	1/14/18							21A-18-00050
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

	Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

The Greenery Cafe

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 2/8/18
Control #
Date Issued
Permit # 18-0341

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

Block 670 Lot 4 Qualification Code

Work Site Location 2770 Hooper Ave Brick NJ 08723

Owner in Fee: Fidelity Management LLC/Kennedy Mail Ass

Tel. 973 966-2800 x 230 e-mail asiverbal@fidelityland.com

Address 641 Shunpike Rd (street) Chatham (municipality) NJ 07928

Contractor: Experior Electric Inc Tel. (732) 245-7435 (zip code)

Address 1889 Route 9 Unit 100 e-mail ExperiorElectric@gmail.com

Toms River NJ 08755

Contractor License No. 14890 Exp. Date 03/31/2018

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223842618 FAX: (732) 240-2082

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 200

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: Vincent Zenna

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Hook up cabaret LED Sign to existing electric

COMMERCIAL

QTY.	SIZE	ITEMS
		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	.5	KW Elec. Sign/Outline Light

FEE (Office Use Only)

$

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[✓] Electric Plans Approved

Date: 1/22/18 Approved by: PJC

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 1/22/18

Approved by: PJC

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 3/1/18

Approved by: PJC

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	2-20-18		3-1-18	MW
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.

OFFICE USE ONLY

DATE:	COMMENTS:	INITIALS:
1/18/18	SENT TO Cmty	
2/7/18	Called con. (Warren) RTP.	

2 22 18 NO ACCESS, 9:10 NEED ACCESS TO ELECTRIC PANEL

tech

CONSTRUCTION PERMIT

Date Issued 2/8/18
Control # C-18-000119
Permit # 18-03411

IDENTIFICATION Block: 670 Lot: 4 Qualifier
Work Site Location: 2770 HOOPER AVE. Brick Township, NJ
Owner in Fee: KENNEDY MALL ASSOCIATES, 641 SHUNPIKE RD. CHATHAM NJ 07928
Telephone: (973) 966-2800

Contractor: SIGNARAMA OF TOMS RIVER
Address: 1333 Route 9 Toms River NJ 08755
Telephone: (732) 914-1150
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3359939

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 ...FACADE SIGN

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

Estimated Cost of Work $3,400

D. Nurman Jr. / MP 2/7/18
Construction Official Date

PAYMENTS (Office Use Only)

Building	$150
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$6
CO Fee	
Other	$0
Total	$306
Check No.	1915
Cash	$0
Credit	$0
Collected By	M. Fagra

+75
381-

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.

02/08/18 2:39PM 00155#5480
CHECK SERV.008
BUILDING $150.00
ELECTRIC $150.00
DCA $6.00
ZP4 $75.00
CHECK $381.00

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.

The Greenery Cafe

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 2/8/18

Date Issued / Permit # 18-0341

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

Block 670 Lot 4 Qualification Code _____

Work Site Location 2770 Hooper Ave Brick

Owner in Fee: Kennedy Mall Associates

Tel. (973) 966-2800 x230 e-mail asikkerbol@fidelity

Address 641 Shunpike Rd Chatham NJ/land.com

(street / municipality / zip code)

Contractor: Signarama TR Tel. (732) 914-1150

Address 1333 RT 9 TR NJ e-mail sales@signarama-tomsriver.com

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

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

Federal Emp. ID No. 45-5281148 FAX: (732) 914-1152

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	02/07/18	KeK
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 02/07/18
Approved by: KeK

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 02/22/18
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			02/22/18	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 $ _____
3. Total (1+ 2) $ 3260

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

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: WSegall

Print name here: WARREN SEGALL

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install qty 1 UL listed, 3'x12' LED sign cabinet, single sided complete with Lexan sign face.

COMMERCIAL

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [X] Sign 36 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 $ _____

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

Multi-Tech Engineering, Inc.

834 Wave Drive, Forked River, NJ 08731
(201) – 803-7546 rrs417@optonline.net

Date: January 3, 2018

TOWNSHIP OF BRICK
RELEASED FOR PERMIT INITIAL DATE
Building Subcode KEK 02/07/18
Plumbing Subcode
Fire Subcode
Electrical Subcode PSC 1/22/18
Plan Reviewer
Plans Released
Construction Official

Client: **Signarama**
1333 Lakewood Rd. (Rt. 9)
Toms River, NJ 08755

Project: **The Greenery**
2770 Hooper Ave.
Brick, NJ 08723 **Block 670 Lot 4**

The proposed Exterior Lit Cabinet Sign meets the following design criteria:

WIND LOADS
The sign is designed in accordance with section 1609.0 of the International Building Code / 2015 to resist 130MPH wind pressure from all directions per figure 1609.3 based on geographical location, building classification and exposure rating. Also complies with 90 MPH wind load at 3 second gusts.

SNOW LOADS
The sign is designed in accordance with section 1608.0 of the International Building Codes / 2015 to withstand a 35 lb/sq ft snow load. Snow loading is per figure 1608.2 of the IBC code and is classified as "Ground Snow Loads" which is based on the geographical location. .

LIVE LOADS
The sign is designed in accordance with section 1607.0 of the International Building Codes / 2015 to withstand a 35 lb/sq ft live load.

IBC Code 2015 Section H105 Design and Construction (Signs)
The design proposed is in compliance with sections H105.1 through Section H105.6 inclusive. The wind, snow and live loads comply with Section H105 as depicted in Chapter 16 of the IBC 2015 codes.

I hereby certify that this report, calculations, and/or evaluations has been prepared by me or under my direct supervision and that I am a duly licensed engineer under the laws of the States of New Jersey, New York and Pennsylvania.

Ronald R. Sydoruk, P.E.
Professional Engineer
NJ License # 24GE03128600
NY License # 79152
PA License # 35473-E
NJ Special Inspectors License # 01101

1-3-18

RECEIVING CLERK UNR
DATE REC'D 1/9/18

ZONING PERMIT APPLICATION

PERMIT # ZP-18-00116
DATE ISSUED 2/8/18

BLOCK: 670 LOT: 4 QUALIFIER: — SITE ADDRESS: 2770 Hooper Ave. Brick NJ Unit 2

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Kennedy Mall Associates
COMPLETE ADDRESS: 641 Shunpike Rd Chatham NJ 07928
PHONE # 973-966-2800 x230 EMAIL: asickerbol@fidelityland.com

2. NAME OF APPLICANT: Signarama of TR
APPLICANT ADDRESS: 1333 RT 9 Toms River NJ 08755
PHONE # 732-914-1150 EMAIL: Sales@Signarama-tomsriver.com

3. RESPONSIBLE PERSON FOR WORK: Warren Segall
PHONE# 732-914-1150 FAX# 732-914-1452

4. SIGNATURE OF APPLICANT: WSegall

FOR OFFICE USE ONLY

FEE SUMMARY:

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

[redacted]
RESIDENTIAL: —
COMMERCIAL: ✓
[redacted]
PROPOSED USE: Greenery Cafe

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 — MATERIAL —
HEIGHT: 36" High (*IF APPLICABLE)
OTHER Sign Cabinet

DESCRIPTION: 3' x 12' LED internal lit sign cabinet / single sided

ZONING REVIEW:
DATE REVIEWED: 1-12-18 DATE DENIED: — DATE APPROVED: 1-12-18 INTLS: cw

(SEE BACK PAGE)

OFFICE USE ONLY

ZONING REVIEW:

DATE REVIEWED: _____ DATE DENIED: _____ DATE APPROVED: _____ INTLS: _____

DATE:	COMMENTS:	INITIALS:

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued: 2/8/18
Application Number: ZA-18-00050
Application Date: 1/16/2018
Project Number:
Permit Number: ZP-18-00116
Fee: $75.00

Zoning Permit

Worksite Location: **2770 HOOPER AVE.**
The Riverwalk Unit 2
Brick Township, NJ 08723

Block: **670**
Lot: **4**
Qualifier:
Zone: **B-3**

Owner: **KENNEDY MALL ASSOCIATES**
Address: **641 SHUNPIKE RD.**
CHATHAM, NJ 07928

Applicant: **SIGNARAMA OF TOMS RIVER**
Address: **1333 Route 9**
Toms River, NJ 08755

Application Approved Date: 1/16/2018

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

Use is: Restaurant (The Greenery Juice Bar and Cafe)
Nonconforming Use is:

Work Description:

Sign - Installation of an exterior lit cabinet sign on raceway. "The Greenery Juice Bar and Cafe" (36 sq. ft.)

The sign cannot exceed 15% of the storefront facade.

Additional Zoning Permit is required for additional work.

Upon review it was determined that the Zoning Permit:

- ☑ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Christopher J. Romano, Assistant Zoning Officer — 1/18/2018 Date

Sean Kinnevy, Zoning Officer — 1/19/18 **Date**

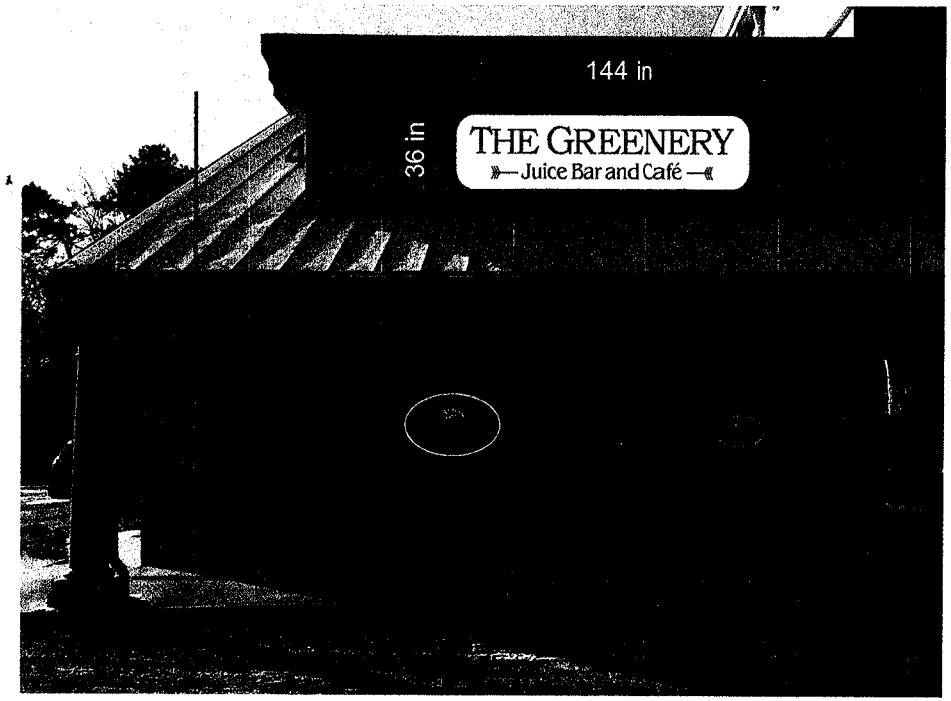
DATE/TIME/PROOF	JOB/PROJECT	CUSTOMER INFO	DESCRIPTION
Current Date: 1/3/2018 Current Time: 12:27:39 PM **Sealed Drawing**	THE GREENERY 2770 HOOPER AVE. BRICK NJ 08723 BLOCK 670 LOT 4	Lisa Morris Phone: 908-246-5221 Email thegreenerynj@gmail.com	Exterior Lit Cabinet Sign

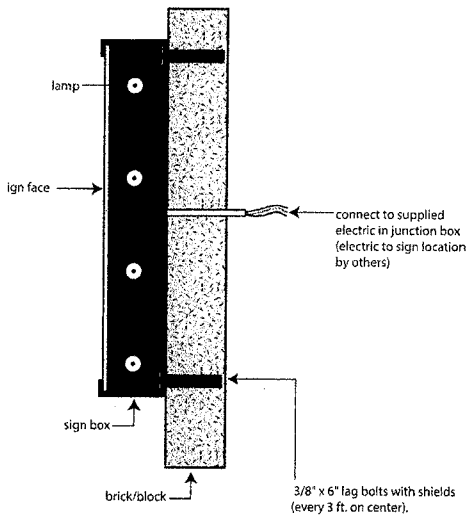
File Name: Cabinet Sign Layout.fs

Directory Name: \\DROBO5N\Public\Jobs\The Greenery Juisce Bar

Zoning Review
Approval
By: AC Sign
Date: 1-12-18

420 SQ FT (15% - 63 SQ FT)
TOTAL SIGNAGE - 36 SQ FT





TO ASSURE SAFETY AND QUALITY OUR PRODUCTS IS UL LISTED

THIS RENDERING IS INTENDED AS A SAMPLE ONLY. COLOR, TEXTURE, MEASUREMENTS, AND ACTUAL APPEARANCE MAY VARY SLIGHTLY FROM COMPLETED WORK AND IS CONSIDERED NORMAL & USUA

Please check layout (artwork, spelling, dimensions) and fax back with signature. Production cannot begin until written approval is received. Additional charges will be applied for any changes that are needed after approval is received. SIGNARAMA is not responsible for any errors in spelling, layout, or dimensions that have been approved by the customer. The proof is for listed items only. Any changes or deletions by the customer not shown or charged here in will be billed separately. 50% DEPOSIT DUE AT TIME OF ORDER (full amount if under $100), balance due upon time of installation or pick up. I HAVE READ AND AGREE TO ALL TERMS. INITIAL _____

Signarama
The way to grow your business.
1333 Lakewood Rd (Rt.9), Toms River, NJ 08755
Phone: 732-914-1150 Fax: 732-914-1152
Email: sales@signarama-tomsriver.com

I HAVE REVIEWED THE ABOVE SPECIFICATIONS & HEREBY FULLY UNDERSTAND THE CONTENT OF WORK TO BE PERFORMED & APPROVE THIS PROJECT TO BEGIN:

CUSTOMER APPROVAL SIGNED BY : _____
PRINT : _____ DATE: _____
LANDLORD APPROVAL SIGNED BY : _____
PRINT : _____ DATE: _____

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 670 LOT: 4 ADDRESS: 2770 Hooper Ave Brick NJ

IDENTIFICATION:

1. WORK SITE ADDRESS: 2770 Hooper Ave
2. NAME OF OWNER IN FEE: Kennedy Mall Associates
   ADDRESS: 641 Shunpike Rd PHONE #: (973) 966-2800 x230
   Chatham NJ 07928 FAX #: (732) _____
3. PRINCIPAL CONTRACTOR: Signarama of TR
   ADDRESS: 1333 Rt 9 TR PHONE #: (732) 914-1150
   _____ FAX #: (732) 914-1152
4. ARCHITECT OR ENGINEER: _____
   ADDRESS: _____ PHONE: # (___) _____
5. RESPONSIBLE PERSON FOR WORK: _____
   ADDRESS: _____

PHONE #: (___) _____ FAX #: (___) _____ E-MAIL: _____

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ _____

OTHER _____: $ _____

BOND(S): $ _____

TOTAL: $ _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☒ OTHER Sign Cabinet - LED / UL Listed

LENGTH: _____ WIDTH: _____ HEIGHT: _____

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: _____