

08-0624



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

1. Proposed Work Site at: 3770 Hooper Ave

2. Name of Owner in Fee: Kennedy mail Assoc.
Tel. (973) 966-2800 e-mail _____
Address 641 Shumpke Rd, Chatham 7907928
street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: dot Sigma Tel. (732) 920-0459
Address 921 Cedar Bridge Ave e-mail billedotjms.net
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID # [REDACTED] FAX: (_____) _____

5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. (_____) _____ FAX: (_____) _____

6. Responsible Person in Charge once Work has Begun Bill Hobbs
Tel. (732) 920-0459 FAX: (_____) _____

1.	Building	\$	40		
2.	Electrical		40		
3.	Plumbing				
4.	Fire Protection				
5.	Elevator Devices				
6.	Subtotal				
7.	Less 20% for State Plan Review	\$	3		
8.	Subtotal	\$			
9.	State Permit Surcharge Fee				
10.	Subtotal	\$			
11.	Cert. of Occupancy				
12.	Other 244		33		
13.	TOTAL	\$	113		

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 _____

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition

☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction

☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

(Check all that apply)

- ☐ Building
- ☒ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re- viewer	Resubmission Dates		Re- viewer
						Approval	Rejection	
		3/5/08		3-12-08				
				3-13-08		2-16-09		
	Cwe	5/12/08		Cwe				

TOTAL COSTS

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 | 4. ☐ Refrigeration Systems | 8. ☐ Smoke Control Systems in Open Wells |
| 2. ☐ High Pressure Boilers | 5. ☐ Cross-Connections/Backflow Preventers | 9. ☐ Underground Storage Tanks |
| 3. ☐ Pressure Vessels | 6. ☐ Hazardous Uses/Places of Assembly | 10. ☐ Swimming Pools, Spas and Hot Tubs |
| | 7. ☐ Sprinklers | |

A. RESIDENTIAL (primary use)

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

- | 4. No. of dwelling units: | <u>All Units</u> | <u>income-restricted</u> |
|---------------------------|------------------|--------------------------|
| Before Construction | _____ | _____ |
| After Construction | _____ | _____ |
| Net Gain or Loss | _____ | _____ |

B. NON-RESIDENTIAL (primary use)

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

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

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.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 dot Sims
Address 901 Cedar Bridge Ave
Back - ng 08723
Telephone (732) 920-0457
Signature with

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

08-0230

[illegible]

Date: 8/9/8

Date: _____

☐ Zoning Application approved

☐ Zoning permit updates:

IMPORTANT
A.H.B.T. - EXEMPT



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/02/2009
Control Number C-08-000841
Permit Number 08-0624
Permit Issue Date 03/17/2008
Certificate Number 08-0624

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 DOT SIGNS
Address 921 CEDAR BRIDGE AVENUE BRICK NJ 08723
Telephone: (732) 920-0459 Fax: (732) 920-0484
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 4X8 SINGLE FACED BOX-LIT ELECTRIC SIGN W/ FACE FOR SUPER POLLO II (COMMERCIAL)

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: _____



CONSTRUCTION PERMIT

Date Issued 3/17/2008
Control # C-08-000841
Permit # 08-0624

IDENTIFICATION Block: 670 Lot: 4 Qualifier _____
Work Site Location: 2770 HOOPER AVE. Brick Township, NJ Contractor DOT SIGNS
Address 921 CEDAR BRIDGE AVENUE BRICK NJ 08723
Owner in Fee KENNEDY MALL ASSOCIATES
641 SHUNPIKE RD. CHATHAM NJ 07928 Telephone: (732) 920-0459
Telephone: (973) 966-2800 Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. _____

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

SIGN INSTALLATION 4X8 SINGLE FACED BOX-LIT ELECTRIC SIGN W/ FACE FOR SUPER
POLLO II (COMMERCIAL)

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 \$2,500

Construction Official _____

Date _____

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$40
Electrical	\$40
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$3
CO Fee	
Other	\$30
Total	\$113
Check No.	1020
Cash	\$0
Credit	\$0
Collected By	Inspection Account

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



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

Block 6070 Lot 4 Qualification Code _____

Work Site Location 2770 Hooper Ave., Brick Ng 08723

Owner in Fee Kennedy Mall Assoc.

Address 641 Shumpike Rd, Chatham Ng 07928

Tel. (973) 966-2800

Contractor dot signa

Address 921 Cedar Bridge Ave

Tel. (732) 920-0459 FAX () _____

Contractor License _____

Federal Emp. # _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Initial
			Type:			
☒ No Plans Required	<u>3/20/09</u>	<u>JA</u>	Footing			
☐ All			Footing Bonding			
☐ Footing			Foundation			
☐ Foundation			Slab			
☐ Frame			Truss Sys./Bracing			
☐ Other			Barrier-Free			
Joint Plan Review Required:			Insulation			
☐ Elec.	☐ Plumb.	☐ Fire	Finishes - Base Layer			
SUBCODE APPROVAL			Finishes - Final			
☐ CO	☐ CCO	<u>PCA</u>	Energy			
Date:	<u>12/2/09</u>	<u>JA</u>	Mechanical			
Approved by:	<u>JA</u>		TCO			
			Other			
			Final		<u>12-1-09</u>	<u>JA</u>
			Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

Constr. Class 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.

Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work: \$49250

1. New Bldg. _____

2. Rehabilitation \$ _____

3. Total (1+2) \$ _____

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 W. W. W.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

4' x 8' Single Faced Box-lit electric sign w/ face

24 S.F.

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6') _____ Sq. Ft.
- ☐ Sign 32 _____ Sq. Ft.
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☒ Other Sign
- ☐ Demolition

FEE (Office Use Only)

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

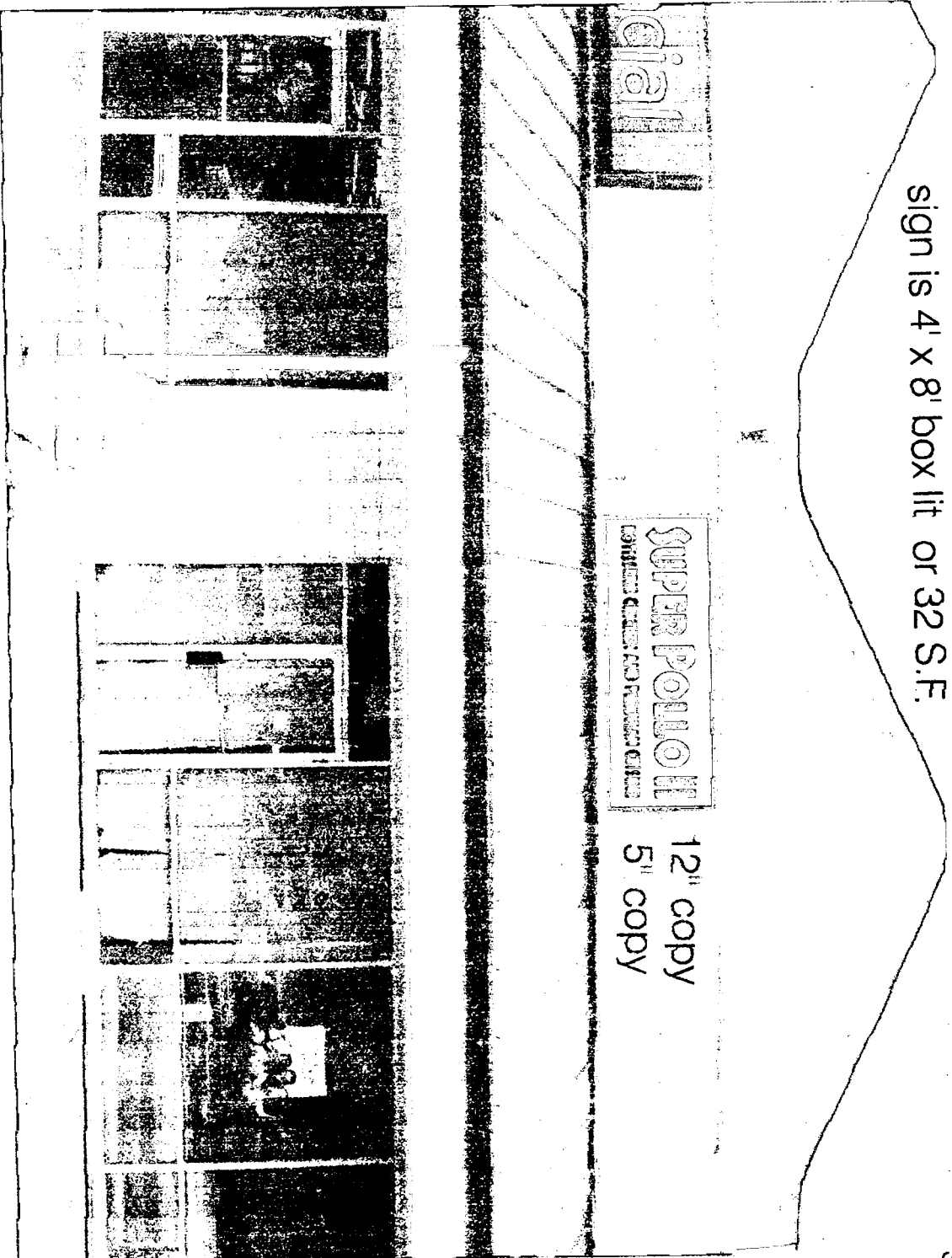
Date Received 08-06-04
Control # _____
Date Issued _____
Permit # 3-17-08

COMMERCIAL

Signs

921 Cedar Bridge Ave. Brick, NJ 08723
Tel: 732-920-0459 e mail: Bill@dotSigns.net Web: www.dotSigns.net

sign is 4' x 8' box lit or 32 S.F.



SUPER POLLO II
COMMITTEE ON THE ARTS AND CULTURE

12" copy
5" copy

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
JUN 11 2003

8' Facade Area
@ 378 S.F.
15%
is 56.7 S.F.
our sign @
32 S.F.
10'
ground level

21'



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Owner in Fee Kennedy Mall Assoc.
Address 641 Sun Pike Rd, Chatham NJ 07928

Tel (973) 966-7000
Contractor CEATA Electric
Address 11 Sunray Dr Toms River NJ 08753

Tel (732) 458-4155 FAX () _____
Contractor License No. 1273
Federal Emp. No. 22-366-0165

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	Date	Initial	INSPECTIONS	Dates (Month/Day)
[] No Plans Required			Type:	Failure Approval Initial
Joint Plan Review Required:			Rough	
[] Building [] Plumbing			Barrier-Free	
[] Fire [] Elevator			Trench	
[X] Elec. Plans Approved			Temp. Serv.	
Date: <u>2/13/04</u>			Constr. Serv.	
Approved by: _____			TCO	
			Other	
			Service	
			Final	
			Barrier-Free	
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued	
[] CO [] CCO [] CA			Final Cut-in-Card Date Issued	
Date: <u>2-11-04</u>			Annual Pool Inspection	
Approved by: _____			Date of Grounding and Bonding Certification	

Date Received
Control # 08-0624

Date Issued
Permit # 3-17-08

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.

Joseph Certe

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		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 1/4 HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
		Administrative Surcharge \$
		Minimum Fee \$
		State Permit Surcharge Fee \$
		TOTAL FEE \$

COMMERCIAL

FEE (Office Use Only)



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee _____

Address _____

Tel (____) _____ FAX (____) _____

Contractor _____

Address _____

Federal Emp. No. _____

Contractor License No. _____

Use Group _____ Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ _____

B. ELECTRICAL CHARACTERISTICS

PLAN REVIEW Date Initial

[] No Plans Required

Joint Plan Review Required:

[] Building [] Plumbing

[] Fire [] Elevator

[] Elec. Plans Approved

Date: _____

Approved by: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
Type:			Failure	Failure
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

Date Received

Control #

Date Issued

Permit #

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UV 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 1/4 HP	
KW Transformer/Generator	
AMP Service	
AMP Subpanels	
AMP Motor Control Center	
KW Elec. Sign/Outline Light	

FEE (Office Use Only)

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



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 100 Lot 100 Qualification Code 100

Work Site Location 100

Owner in Fee 100

Address 100

Tel (100) 100 FAX (100) 100

Contractor 100

Address 100

Contractor License No. 100

Federal Emp. No. 100

B. ELECTRICAL CHARACTERISTICS

Use Group Present 100 Proposed 100

[] Pole/Pad # 100 [] Temporary [] Other 100

Building Occupied as 100 Utility Co. 100

Est. Cost of Elec. Work \$ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Approval	Initial
[] No Plans Required			Type:	Failure	Failure	Initial
Joint Plan Review Required:			Rough			
[] Building [] Plumbing			Barrier-Free			
[] Fire [] Elevator			Trench			
[] Elec. Plans Approved			Temp. Serv.			
			Constr. Serv.			
Date: <u>100</u>			TCO			
Approved by: <u>100</u>			Other			
			Service			
			Final			
			Barrier-Free			
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued			
[] CO [] CCO [] CA			Final Cut-in-Card Date Issued			
Date: <u>100</u>			Annual Pool Inspection			
Approved by: <u>100</u>			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

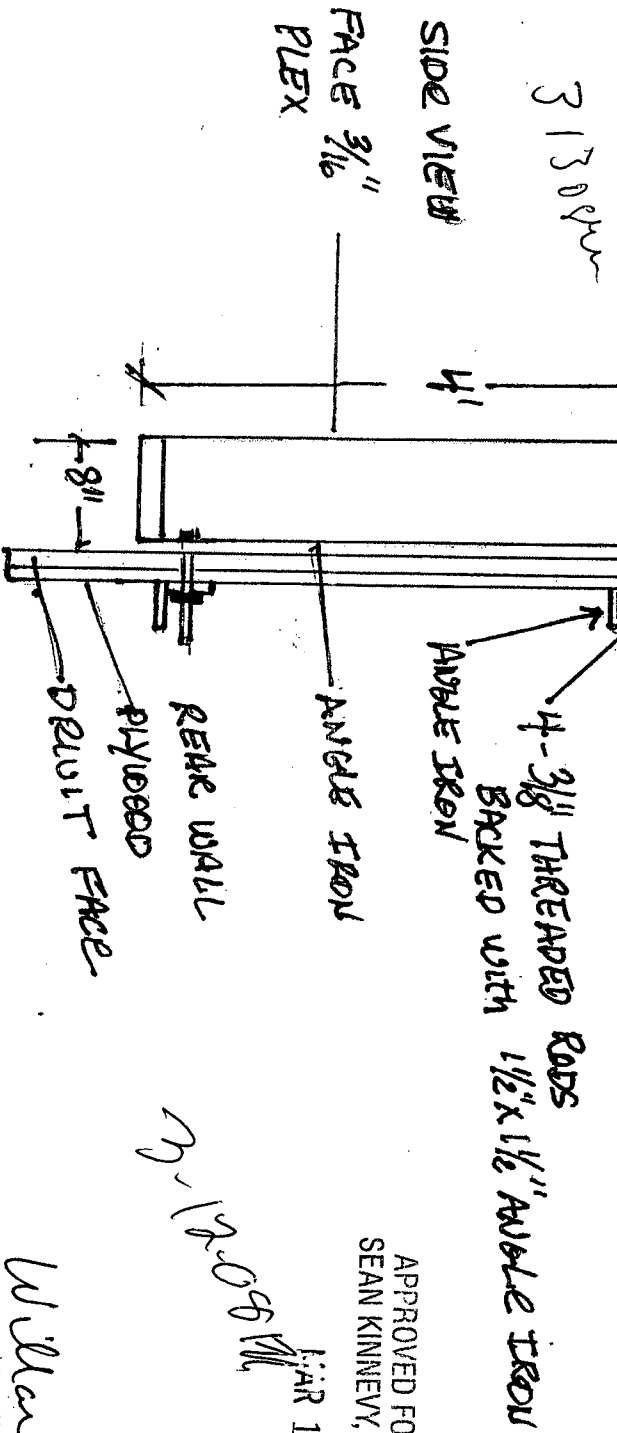
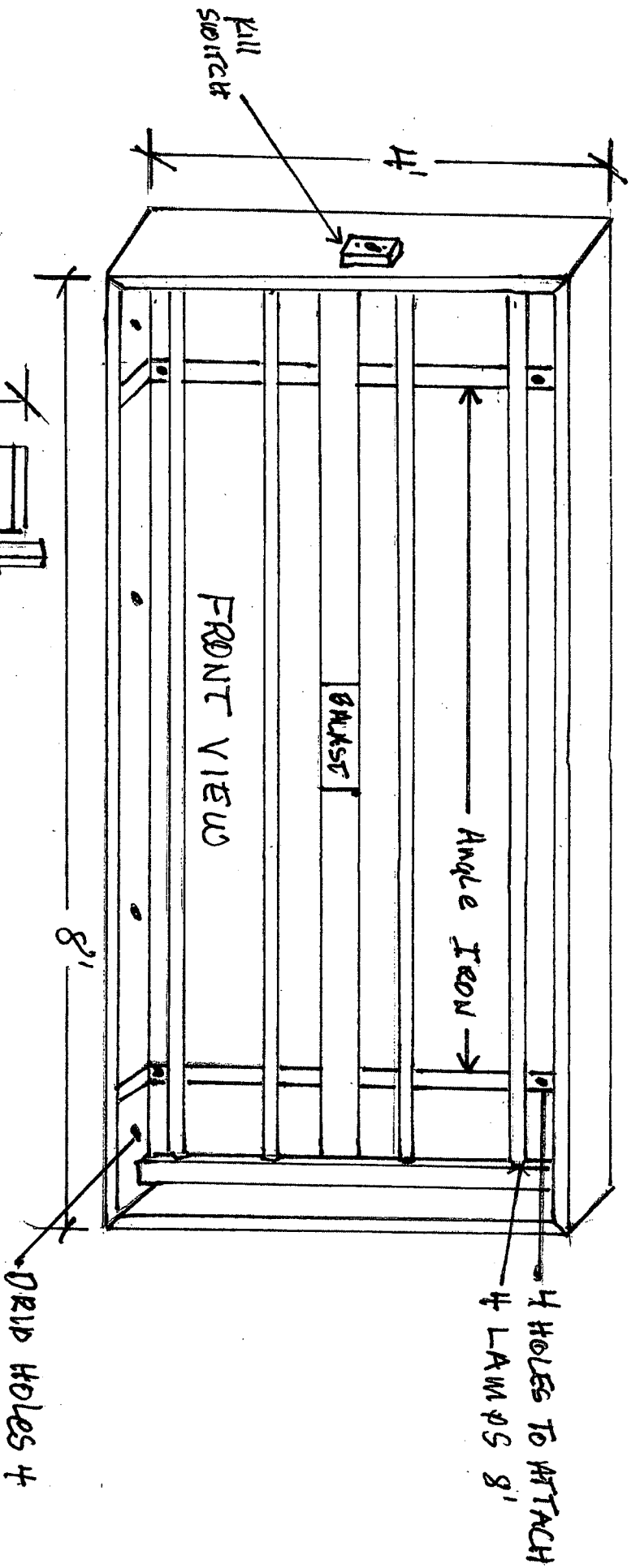
Date Received
Control #
Date Issued
Permit #

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

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	
		TOTAL NUMBERS	
		Pool Permit/with JW 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 1/4 HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

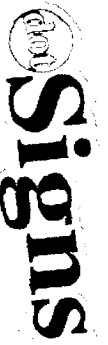


APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

MAR 11 2008 SK

7-19-08 M

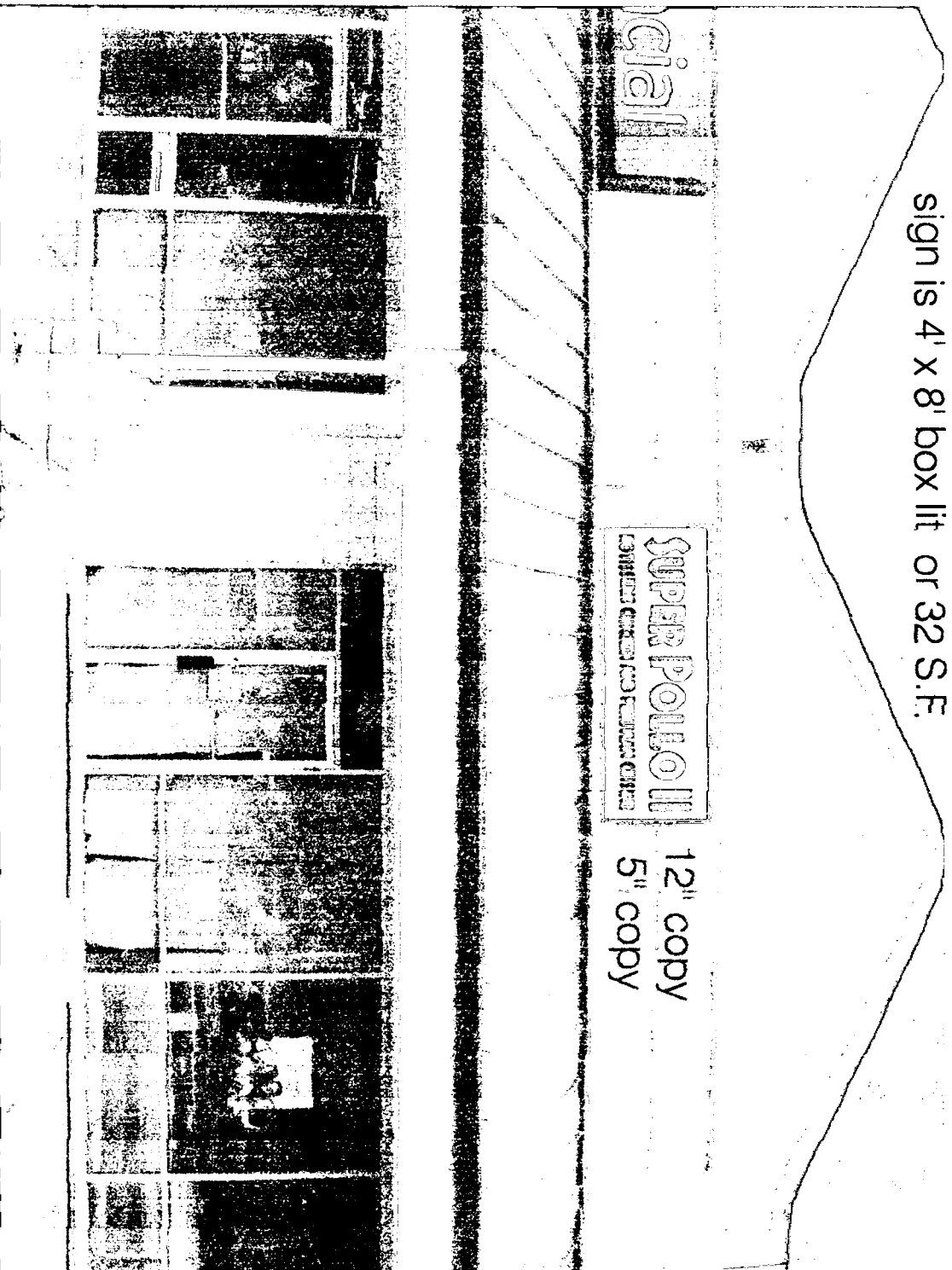
Willard F. O'Leary



921 Cedar Bridge Ave. Brick, NJ 08723

Tel: 732-920-0459 e-mail: Bill@dotSigns.net Web: www.dotSigns.net

sign is 4' x 8' box lit or 32 S.F.



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

FOR 11 2003 *SK*

8' facade area
@ 378 S.F.
15%
is 56.75 ft
over sign @
10' 32.5 ft.
ground level

21'

TOWNSHIP OF BRICK

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

Daniel J. Kelly, Mayor

Township Council:

Stephen C. Acropolis - President
Ruthanne Scaturro - Vice President
Anthony Matthews
Kathy M. Russell
Joseph Sangiovanni
Michael A. Thulen, Sr.
Dan Toth



Department of Administration & Finance

Division of Inspections
Daniel F. Newman Jr.
Construction Official
732-262-1027
Fax: 732-262-8954
www.twp.brick.nj.us

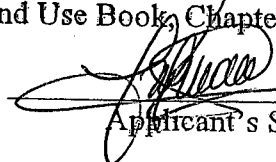
Date: Feb 16, 2008

Block: 670 Lot: 4

Property Address: 2770 Hooper Ave, Brick NJ 08723

I, ANA KUAN (name) of 8 BETHS LANE BRICK NJ 08723 (address)

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


Applicant's Signature

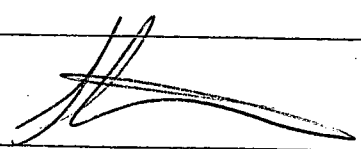
The following shall be submitted with this request:

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: 3/12/08

Signed: 

Rejected on: _____

Signed: _____

Comments:

COMMERCIAL



**Township of Brick
Zoning Permit**

Approved: Tuesday, March 11, 2008 **Number:** 2008-155

Block 670 **Lot** 4 **Zone:** B-3, Highway Dev.

Property Address: 2770 Hooper Avenue

Applicant: Ana Kuan; 2770 Kennedy Mall, Inc.

Property Owner: Kennedy Mall Associates

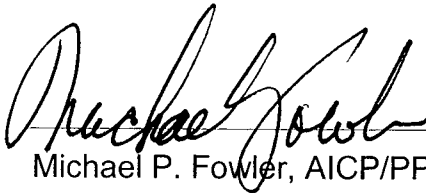
Existing Use: Vacant Unit No. 15 (former "Blimpie's" restaurant).

Proposed Use: "Super Pollo II" restaurant.

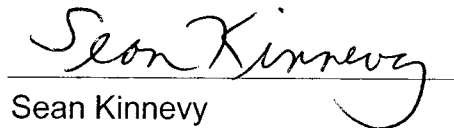
Proposed Construction: Wall sign box, 4' x 8', "Super Pollo II Rotissieri Chicken and Peruvian Cuisine".

Conditions: The total sign area may not exceed 15% of the total façade area.
An additional zoning permit is required for any sign or banner.
Zoning Permit No. 2007-1395 approved on November 28, 2007.

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 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 670 LOT 4 QUALIFIER ---

PROPERTY ADDRESS 2770 HOOPER AVE 15 unit

PERSONAL NAME OF APPLICANT ANA KUAN

BUSINESS NAME OF APPLICANT 2770 KENNEDY MALL INC

MAILING ADDRESS OF APPLICANT 8 BETTYS LAWE BRICK NJ 08723

PROPERTY OWNER'S FULL NAME Kennedy Mall Assoc.

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling

☒ Commercial (please describe)

Blimpies Restaurant (SUPER POLLO II)

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling

☒ Commercial (please describe)

Restaurant (SUPER POLLO II)

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe)

☐ Addition - Height

Height

☐ Alteration

☐ Porch or deck - Height

☐ Shed - Height

☐ Fence - Type

Height

☐ Swimming Pool

☐ in-ground

☐ above-ground

☒ Other (please describe)

Sign - 3x8 Lit Box Single faced 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.

COMMERCIAL

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 [Signature] Date 3/5/08

Reviewed by Zoning Office [Signature] Date 3/11/08 (X) Approved () Denied

March 2003

[Signature]
3/5/08



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

08-06-54
3-11-08

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

Block 6070 Lot 4 Qualification Code _____
Work Site Location 2770 Hopper Ave.,
Owner in Fee Kempeddy Mall, HACC.
Address 641 Shumfike Rd, Chatham, NJ 07928
Tel. (973) 9660-2800
Contractor DOT SIGMA
Address 921 Central Bridge Ave
Bridge mg 08923
Tel. (973) 920-0459 FAX () _____
Contractor License No. or Builder Registration No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
☒ No Plans Required	<u>3/10/08</u>	<u>3/10/08</u>	Footings				
☐ All			Footings Bonding				
☐ Footing			Foundation				
☐ Foundation			Slab				
☐ Frame			Truss Sys./Bracing				
☐ Other			Barrier-Free				
Joint Plan Review Required:			Insulation				
☐ Elec.	☐ Plumb.	☐ Fire	Finishes - Base Layer				
SUBCODE APPROVAL			Finishes - Final				
☐ CO	☐ CCO	☐ CA	Energy				
Date:			Mechanical				
Approved by:			TCO				
			Other				
			Final				
			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class 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.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work: \$240,250
1. New Bldg. _____
2. Rehabilitation \$ _____
3. Total (1+2) \$ _____

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 [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

• 4' x 8' Single Faced Box-lit
electric sign w/ floor
24 S.F.

TYPE OF WORK:

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

FEE (Office Use Only)

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



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

08-6654
3-11-08

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 Liner Ave.
Owner in Fee Lincolnville Assoc.
Address 641 Climbike Rd. Clintonville TN 37028
Tel. (973) 9166-2800
Contractor Dot Signs
Address 921 Central Bridge Ave
Brickton, NJ 08923
Tel. (973) 920-0459 FAX () _____
Contractor License No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
			Type:	Failure	Approval
☒ No Plans Required	<u>3/10/08</u>		Footing		
☐ All			Footing Bonding		
☐ Footing			Foundation		
☐ Foundation			Slab		
☐ Frame			Frame		
☐ Other			Truss Sys./Bracing		
Joint Plan Review Required:			Barrier-Free		
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation		
SUBCODE APPROVAL			Finishes - Base Layer		
☐ CO ☐ CCO ☐ CA			Finishes - Final		
Date:			Energy		
Approved by:			Mechanical		
			TCO		
			Other		
			Final		
			Barrier-Free		

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class 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.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work: \$150,000
1. New Bldg. \$150,000
2. Rehabilitation \$
3. Total (1+2) \$

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 W. W. W.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

4' x 8' Single Faced Box-lit
electric sign w/ flou
34 S.F.

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☒ Other Sign
- ☐ Demolition

FEE (Office Use Only)

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