

PERMIT NO. 00-0112



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

## I. IDENTIFICATION

1. Proposed Work Site at: 2770 HUOPER AVE.
2. Name of Owner in Fee: FIDELITY LAND DEVELO. Tel. (973) 966-2800  
Address 641 Shunpille Rd Chatham, NJ 07928  
street municipality zip code
3. Ownership in Fee: Public \_\_\_\_\_ Private ☒
4. Principal Contractor: J D GRAPHIC, INC. Tel. (732) 972-7790  
Address D/B/A MR SIGN  
6 RICHARDSON COURT  
License No. OR, If new home/Building Reg. No. 07746 Exp. Date \_\_\_\_\_  
Federal Employee No. 222 870 395 FAX: (732) 972-3907
5. Architect or Engineer \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_
6. Responsible Person in Charge of Work JAY DAVIS  
Tel. (732) 972-7790 FAX (732) 972-3907

## V. FEE SUMMARY (for office use only)

- |     |                                   |    |                     |  |  |
|-----|-----------------------------------|----|---------------------|--|--|
| 1.  | Building                          | \$ | 40                  |  |  |
| 2.  | Electrical                        |    |                     |  |  |
| 3.  | Plumbing                          |    |                     |  |  |
| 4.  | Fire Protection                   |    |                     |  |  |
| 5.  | Elevator Devices                  |    |                     |  |  |
| 6.  | Subtotal                          | \$ |                     |  |  |
| 7.  | Less 20% for<br>State Plan Review |    |                     |  |  |
| 8.  | Subtotal                          | \$ | 8                   |  |  |
| 9.  | DCA Training Fee                  |    |                     |  |  |
| 10. | Subtotal                          |    |                     |  |  |
| 11. | Cert. of Occupancy                |    |                     |  |  |
| 12. | Other <u>2A</u>                   |    |                     |  |  |
| 13. | TOTAL                             | \$ | <del>30</del><br>18 |  |  |

## VI. BUILDING/SITE CHARACTERISTICS

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 \_\_\_\_\_

## II. PROPOSED WORK

1. ☒ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☐ Alteration
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

TOTAL COSTS

Est. Cost

15

Plans  
Rec'd by

Date  
Rec'd

Rejection  
Date

|          |      |
|----------|------|
| Approved | Date |
|----------|------|

Re-viewer

Resubmission  
Approval

Rejection

Re-viewer

## VII. DESCRIPTION OF BUILDING USE

### A. RESIDENTIAL

1. ☐ Hotels (R-1)   
2. ☐ Multi-Family (R-2)  
3. ☐ Two-Family (R-3) BOCA  
4. ☐ Two-Family (R-4) CABO  
5. ☐ One-Family (R-3) BOCA  
6. ☐ One-Family (R-4) CABO

No. of dwelling units:

### Before Construction

### After Construction

Net Gain or Loss

### B. NON-RESIDENTIAL:

1. State Specific Use:

2. Use Group:

3. Change in Use Group. Indicate Former:

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/  
Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

sign

CO  
BUILD  
WE  
BOGA  
CABO  
BOGA  
CABO

**CERTIFICATION IN LIEU OF OATH**

**I. OWNER SECTION** (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building                      C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical                      C.4. ☐ Plumbing

- D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**II. AGENT SECTION** (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☒ Check if contractor.

**J D GRAPHIC, INC.**

Agent Name \_\_\_\_\_ D/B/A MR SIGN

Address \_\_\_\_\_ 6 RICHARDSON COURT  
MARLBORO, NJ 07746

Telephone ( 732 ) 972-7790

Signature Jay Don

- 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<br>(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 |          |
| <input type="checkbox"/> Zoning Officer                              |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Planning Board                              |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Zoning Board                                |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Sewer Authority                             |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Water Authority                             |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Police Department                           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Health Department                           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Soil Conservation                           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Community Affairs        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Transportation           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Environmental Protection |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Utility Dig No.                             |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                             |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                             |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                             |                   |            |                   |            |                   |            |                   |            |          |

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

| Name of Code & Edition | Name of Code & Edition         | Other |
|------------------------|--------------------------------|-------|
| Building _____         | Energy _____                   | _____ |
| 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 |
|---------------------------------------------------------------|-------------|--------------|---------------|--------------|
| <input type="checkbox"/> Temporary Certificate of Occupancy   | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Temporary Certificate of Compliance  | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Continued Certificate of Occupancy   | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Certificate of Compliance            | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Certificate of Occupancy             | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Certificate of Approval              | No. _____   | _____        | _____         | _____        |
| <input type="checkbox"/> Lead Abatement Clearance Certificate | No. _____   | _____        | _____         | _____        |

## Constituent Contact Report

[illegible]

IMPORTED  
A.H.B.T. - COMPANY



Brick Township  
401 Chambersbridge Rd  
Brick, NJ 08723

Date Issued 10/04/2007  
Control Number C-05-139915  
Permit Number 06-0192  
Permit Issue Date 01/26/2006  
Certificate Number 06-0192

## 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-FIDELITY LAND DEVEL CO  
Owner Address: 641 SHUNPIKE RD. CHATHAM NJ 07928  
Telephone: (973) 966-2800  
Contractor JD GRAPHIC INC D/B/A MR SIGN  
Address 6 RICHARDSON COURT MARLBORO NJ 07746  
Telephone: 732-972-7790 Fax: \_\_\_\_\_  
License Number or Builders Registration Number: \_\_\_\_\_ Federal Emp. Number: 22-2870395

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 Used: SIGN INSTALLATION NEW SIGN ON BUILDING

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 NJACS: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: 10/04/2007

Fee: \$0.00

Check Number: \_\_\_\_\_

Collected By: \_\_\_\_\_

Page 1



# CONSTRUCTION PERMIT

Date Issued 01/26/2006  
Control # C-05-139915  
Permit # 06-0192

IDENTIFICATION Block: 670 Lot: 4 Qualifier  
Work Site Location: 2770 HOOPER AVE. Brick Township, NJ Contractor JD GRAPHIC INC D/B/A MR SIGN  
Address 6 RICHARDSON COURT MARLBORO NJ 07746  
Owner in Fee KENNEDY MALL ASSOCIATES-FIDELITY LAND  
Address 64 SHUNPIKE RD. CHATHAM NJ 07928 Telephone: 732-972-7790  
Telephone: (973) 966-2800 Lic. No. or Bldrs. Reg. No.  
Federal Employee No. 22-2870395

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 NEW SIGN ON BUILDING

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 \$5,575

Construction Official \_\_\_\_\_ Date 01/26/2006

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       | \$0              |
| Plumbing         | \$0              |
| Fire Protection  | \$0              |
| Elevator Devices | \$0              |
| Other            | \$0.00           |
| DCA Training Fee | \$8              |
| CO Fee           |                  |
| Other            | \$30             |
| Total            | \$78             |
| Check No.        | 8231             |
| Cash             | \$0              |
| Credit           | \$0              |
| Collected By     | Ann Marie Hanlon |

## REQUIRED INSPECTIONS

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

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

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

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

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

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

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

☐ A complete copy of released plans must be kept on the job site.

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



# BUILDING SUBCODE TECHNICAL SECTION



Date Received 12/01/2005  
Control # C-05-139915  
Date Issued 1/24/06  
Permit # 06-0192

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 Township, NJ

Owner in Fee: KENNEDY MALL ASSOCIATES-FIDELITY LAND DEVEL CO

Address 641 SHUNPIKE RD. CHATHAM NJ

Tel. (973) 966-2800

Contractor: JD GRAPHIC INC D/B/A MR SIGN

Address 6 RICHARDSON COURT MARLBORO NJ

Tel. 732-972-7790

Fax

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

Federal Employee No.

## JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                                                                                                    | Date     | Initial | INSPECTIONS         | Dates (Month/Day) |         |          |         |
|--------------------------------------------------------------------------------------------------------------------------------|----------|---------|---------------------|-------------------|---------|----------|---------|
| <input type="checkbox"/> No Plan Required                                                                                      |          |         | Type:               | Failure           | Failure | Approval | Initial |
| <input checked="" type="checkbox"/> All                                                                                        | 12-19-05 | PM      | Footings            |                   |         |          |         |
| <input type="checkbox"/> Footing                                                                                               |          |         | Footings Bonding    |                   |         |          |         |
| <input type="checkbox"/> Foundation                                                                                            |          |         | Foundation          |                   |         |          |         |
| <input type="checkbox"/> Frame                                                                                                 |          |         | Slab                |                   |         |          |         |
| <input type="checkbox"/> Other                                                                                                 |          |         | Frame               |                   |         |          |         |
| <input type="checkbox"/> Joint Plan Review Required                                                                            |          |         | Truss Sys./Bracing  |                   |         |          |         |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator |          |         | Barrier-Free        |                   |         |          |         |
| SUBCODE APPROVAL                                                                                                               |          |         | Insulation          |                   |         |          |         |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA                                           | 12-19-07 | PM      | Finishes-Base Layer |                   |         |          |         |
| Date:                                                                                                                          |          |         | Finishes-Final      |                   |         |          |         |
| Approved by:                                                                                                                   |          |         | Energy              |                   |         |          |         |
|                                                                                                                                |          |         | Mechanical          |                   |         |          |         |
|                                                                                                                                |          |         | TCO                 |                   |         |          |         |
|                                                                                                                                |          |         | Other               |                   |         |          |         |
|                                                                                                                                |          |         | Final               |                   |         |          |         |
|                                                                                                                                |          |         | Barrier-Free        |                   |         |          |         |

## B. BUILDING CHARACTERISTICS

| Use Group                   | Present | Proposed | U       | Est. Cost of Bldg. Work:  |
|-----------------------------|---------|----------|---------|---------------------------|
| Constr. Class               | Present | Proposed |         | 1. New Bldg. \$0          |
| Number of Stories           |         |          |         | 2. Rehabilitation \$5,575 |
| Height of Structure         |         |          |         | 3. Total (1+2) \$5,575    |
| Area - Largest Floor        |         |          | Sq. Ft. |                           |
| New Bldg. Area / All Floors |         |          | Sq. Ft. |                           |
| Volume of New Structure     |         |          | Cu. Ft. |                           |
| Total Land Area Disturbed   |         |          | Sq. Ft. |                           |

## C. CERTIFICATION IN LIEU OF OATH

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

Signature

## D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

SIGN INSTALLATION, NEW SIGN ON BUILDING

COMMERCIAL

## TYPE OF WORK

|                                                          |    |      |
|----------------------------------------------------------|----|------|
| <input type="checkbox"/> New Building                    |    | \$0  |
| <input type="checkbox"/> Addition                        |    | \$0  |
| <input type="checkbox"/> Rehabilitation                  |    | \$0  |
| <input type="checkbox"/> Roofing                         |    | \$0  |
| <input type="checkbox"/> Siding                          |    | \$0  |
| <input type="checkbox"/> Fence                           |    | \$0  |
| <input checked="" type="checkbox"/> Sign                 | 30 | \$30 |
| <input type="checkbox"/> Pool                            |    | \$0  |
| <input type="checkbox"/> Asbestos Abatement Subchapter 8 |    | \$0  |
| <input type="checkbox"/> Lead Haz Abatement NJAC 5:17    |    | \$0  |
| <input type="checkbox"/> Other                           |    | \$0  |
| <input type="checkbox"/> Demolition                      |    | \$0  |

## FEE (Office Use Only)

|                            |      |
|----------------------------|------|
| Administrative Surcharge   | \$0  |
| Minimum Fee                | \$40 |
| State Permit Surcharge Fee | \$8  |
| TOTAL FEE                  | \$48 |



# BUILDING SUBCODE TECHNICAL SECTION



Date Received 12/01/2005  
Control # C-05-1399151  
Date Issued 1/14/06  
Permit # 10-0172

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 Township, NJ

Owner in Fee: KENNEDY MALL ASSOCIATES-FIDELITY LAND DEVEL CO

Address 641 SHUNPIKE RD. CHATHAM NJ

Tel. (973) 966-2800

Contractor: JD GRAPHIC INC D/B/A MR SIGN

Address 6 RICHARDSON COURT MARLBORO NJ

Tel. 732-972-7790

Fax

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

Federal Employee No.

## JOB SUMMARY (Office Use Only)

|                                                                                                                                |          |         |
|--------------------------------------------------------------------------------------------------------------------------------|----------|---------|
| PLAN REVIEW                                                                                                                    | Date     | Initial |
| <input type="checkbox"/> No Plan Required                                                                                      |          |         |
| <input checked="" type="checkbox"/> All                                                                                        | 12-19-05 | FW      |
| <input type="checkbox"/> Footing                                                                                               |          |         |
| <input type="checkbox"/> Foundation                                                                                            |          |         |
| <input type="checkbox"/> Frame                                                                                                 |          |         |
| <input type="checkbox"/> Other                                                                                                 |          |         |
| <input type="checkbox"/> Joint Plan Review Required                                                                            |          |         |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator |          |         |
| SUBCODE APPROVAL                                                                                                               |          |         |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA                                           |          |         |
| Date:                                                                                                                          |          |         |
| Approved by:                                                                                                                   |          |         |

## B. BUILDING CHARACTERISTICS

|                             |         |          |         |                           |
|-----------------------------|---------|----------|---------|---------------------------|
| Use Group                   | Present | Proposed | U       | Est. Cost of Bldg. Work:  |
| Constr. Class               | Present | Proposed |         | 1. New Bldg. \$0          |
| Number of Stories           |         |          |         | 2. Rehabilitation \$5,575 |
| Height of Structure         |         |          |         | 3. Total (1+2) \$5,575    |
| Area - Largest Floor        |         |          | Sq. Ft. |                           |
| New Bldg. Area / All Floors |         |          | Sq. Ft. |                           |
| Volume of New Structure     |         |          | Cu. Ft. |                           |
| Total Land Area Disturbed   |         |          | Sq. Ft. |                           |

C. CERTIFICATION IN LIEU OF OATH  
I hereby certify that I am the (agent of) owner of the record and am authorized to make this application.

Signature

## D. TECHNICAL SITE DATA

DESCRIPTION OF WORK  
SIGN INSTALLATION, NEW SIGN ON BUILDING

### TYPE OF WORK

|                                                          |                     |
|----------------------------------------------------------|---------------------|
| <input type="checkbox"/> New Building                    |                     |
| <input type="checkbox"/> Addition                        |                     |
| <input type="checkbox"/> Rehabilitation                  |                     |
| <input type="checkbox"/> Roofing                         |                     |
| <input type="checkbox"/> Siding                          |                     |
| <input type="checkbox"/> Fence                           | Height (exceeds 6') |
| <input checked="" type="checkbox"/> Sign                 | 30 Sq. Ft.          |
| <input type="checkbox"/> Pool                            |                     |
| <input type="checkbox"/> Asbestos Abatement Subchapter 8 |                     |
| <input type="checkbox"/> Lead Haz Abatement NJAC 5.17    |                     |
| <input type="checkbox"/> Other                           |                     |
| <input type="checkbox"/> Demolition                      |                     |

### FEE (Office Use Only)

|                            |      |
|----------------------------|------|
| Administrative Surcharge   | \$0  |
| Minimum Fee                | \$40 |
| State Permit Surcharge Fee | \$8  |
| TOTAL FEE                  | \$48 |

**Township of Brick  
Zoning Permit**

**Approved:**

Wednesday, December 14, 2005

**Number:**

1751

**Block**

670

**Lot**

4

**Zone:**

B-3, Highway Dev.

**Property Address:**

2770 Hooper Avenue; Kennedy Mall

**Applicant:**

Jay Davis; JD Graphics, Inc.

**Property Owner**

Fidelity Land Development Corp.

**Existing Use:**

Weichert Real Estate School

**Proposed Use:**

Weichert Real Estate School

**Proposed Construction:**

Wall sign, 21.43" x 203.92", "Weichert Real Estate School".

**Conditions:**

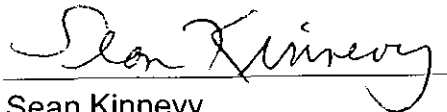
The total sign area may not exceed 15% of the total façade area.

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)

DEC 1 2005

DEC 14 2005

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

PERSONAL NAME OF APPLICANT JAY DAVIS

BUSINESS NAME OF APPLICANT JD GRAPHICS, INC.

MAILING ADDRESS OF APPLICANT 6 RICHARDSON CT. MARLBORO, NJ 07746

PROPERTY OWNER'S FULL NAME FIDELITY LAND DEVELOPMENT CORP.

PRESENT USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling Weichert RE School  
☒ Commercial (please describe) \_\_\_\_\_

PROPOSED USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling Weichert RE School  
☒ Commercial (please describe) \_\_\_\_\_

PROPOSED CONSTRUCTION (check all that apply)

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

## CHECKLIST

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

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

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT Jay Davis Date 11/19/05

Reviewed by Zoning Office \_\_\_\_\_ Date \_\_\_\_\_ ( ) Approved ( ) Denied

COMMERCIAL



**JD Graphics, Inc. d/b/a Mr. Sign**

6 Richardson Court  
Marlboro, NJ 07746

732-972-7790  
Fax: 732-972-3907



Enclosed is the permit fee for the sign installed for Weichert  
Realtors



249.1 / m

**Real Estate School**



278.96 in

distance from ground

1940-1941

100-443887-1

5

Brick Township

| Plan Review | Class      | Date     | By |
|-------------|------------|----------|----|
| Zoning      | Wall Signs | 12/14/05 | NC |
| Plumbing    |            |          |    |
| Building    |            |          |    |
| Fire        |            |          |    |
| Electrical  |            |          |    |

203.92 in

108.35 in

87.53 in

21.43 in

12.19 in

# Weichert

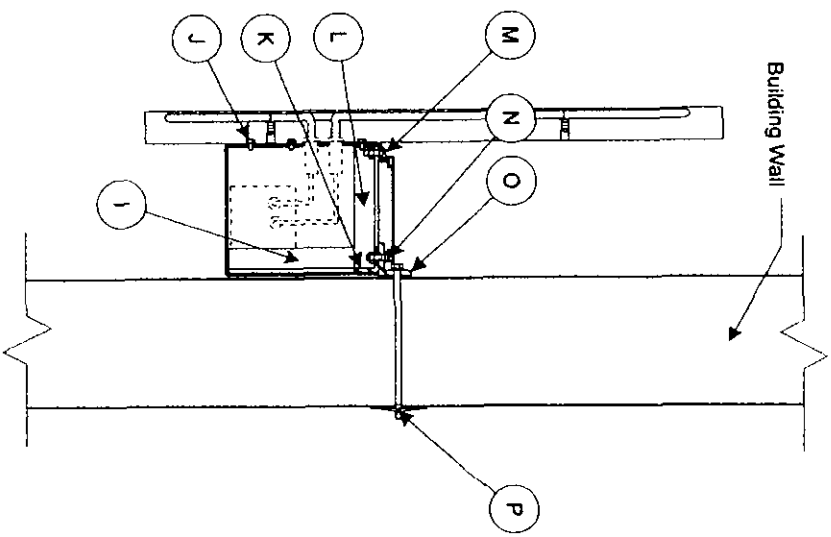
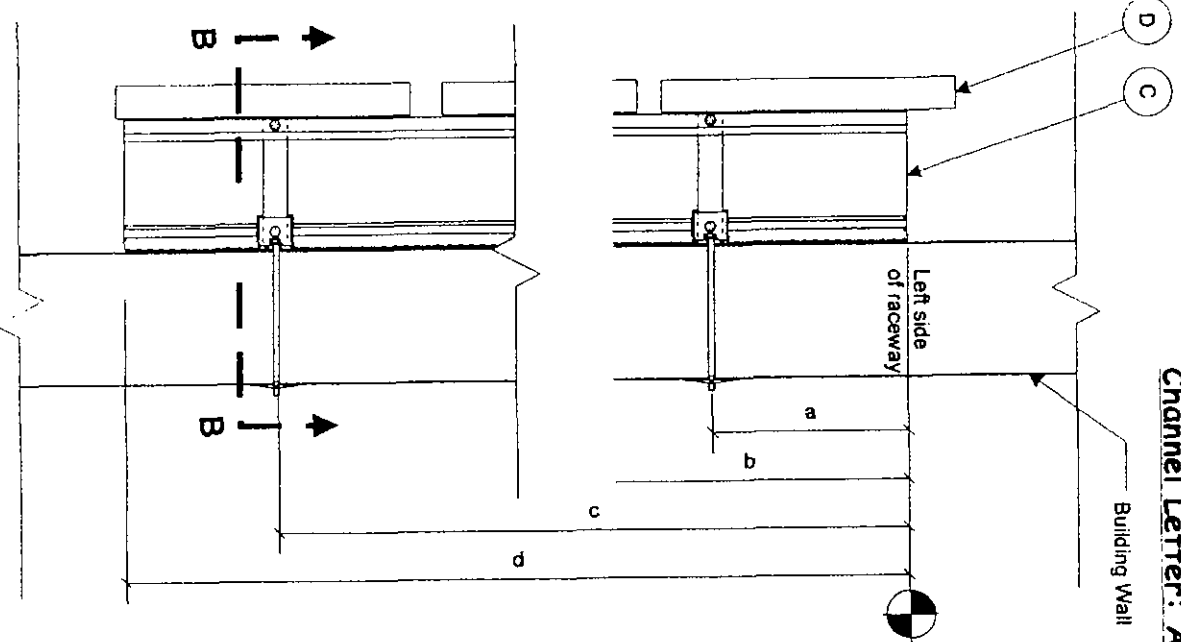
**Real Estate School**

Channel letters and channel cabinet on raceway mount  
YELLOW FACES..BLACK CANS AND TRIM  
BLACK CHANNEL CABINET W/YELLOW FACE  
IVORY RACEWAY W/DISCONNECT & UL LABEL

Brick Township

| Plan Review | Class  | Date     | By |
|-------------|--------|----------|----|
| Zoning      | Wallin | 12/14/05 | RC |
| Plumbing    |        |          |    |
| Building    |        |          |    |
| Fire        |        |          |    |
| Electrical  |        |          |    |

**Channel Letter: Acrylic Face, Raceway Mounted.**



**Section B-B**

| ITEM | DESCRIPTION                                  |
|------|----------------------------------------------|
| C    | Raceway, 0.040 inch Aluminum                 |
| D    | Channel letter                               |
| I    | Angle aluminum, 1-1/2 in x 1-1/2 in x 1/2 in |
| J    | 1/2 inch self-tapping sheet metal screws     |
| K    | Angle aluminum, 1-1/2 in x 1-1/2 in x 1/2 in |
| L    | Angle aluminum, 1-1/2 in x 1-1/2 in x 1/2 in |
| M    | Carriage Bolt, Nut, & Washer, 3/8 inch steel |
| N    | Carriage Bolt, Nut, & Washer, 3/8 inch steel |
| O    | Sign Shoe, 2 inch x 2 inch galvanized steel  |
| P    | Toggle Bolts and Washers, 3/8 inch steel     |

Design wind load of 110 MPH, 3 second gust

| BUILDING ATTACHMENT POINTS |          |                                  |
|----------------------------|----------|----------------------------------|
| VAR                        | DISTANCE | DESCRIPTION                      |
| a                          |          | First sign shoe and toggle bolt  |
| b                          |          | Second sign shoe and toggle bolt |
| c                          |          | Final sign shoe and toggle bolt  |
| d                          |          | End of raceway, length overall   |

**Building Attachments**

- View looking down from top.
- Structural components only.
- Raceway cover removed

# TOWNSHIP OF BRICK

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



Joseph C. Scarpelli, Mayor

**Township Council:**

Stephen C. Acropolis – President  
Gregory S. Kavanagh  
Anthony Matthews  
Kathy M. Russell  
Ruthanne Scaturro  
Michael A. Thulen, Sr.  
Frederick J. Underwood, Sr.

Department of Engineering  
Office of the Municipal Engineer  
(732) 262-1038  
Fax: (732) 262-8954  
<http://www.twp.brick.nj.us>

Date: \_\_\_\_\_

Block: 670 Lot: 4

Property Address: 2770 Hooper Avenue

I, \_\_\_\_\_ of \_\_\_\_\_  
(name) (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: 12/15/05

Signed: \_\_\_\_\_

Rejected on: \_\_\_\_\_

Signed: \_\_\_\_\_

Comments:



**JD Graphics, Inc. d/b/a Mr. Sign**

6 Richardson Court  
Marlboro, NJ 07746

732-972-7790  
Fax: 732-972-3907

E-mail: mrsignnj@aol.com

December, 14, 20005  
Att: Sean Kinnevy  
From: Jay Davis  
Re: Block 670 Lot 4

Dear Sean...

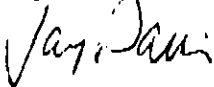
As we discussed, I contacted the landlord for this location and inquired about the Building number and unit number for Weichert Realtors. I was informed that every tenant in the shopping center has the same address which is 2770 Hooper Avenue and there are no individual unit numbers. They are identified by their name only for mailing purposes.

With respect to the use of property issue, they would be classified as a Commercial Real Estate School operating in a Commercial Zone.

Please include this information in the application.

Thank you for your assistance.

Jay Davis



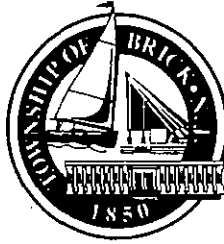
# TOWNSHIP OF BRICK

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

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Gregory S. Kavanagh  
Anthony Matthews  
Kathy M. Russell  
Frederick J. Underwood, Sr.



Department of Administration & Finance  
Division of Land Use and Planning

Sean Kinnevy  
Zoning Officer  
(732) 262-1041  
skinn@twp.brick.nj.us

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

December 9, 2005

Jay Davis  
JD Graphics, Inc.  
6 Richardson Court  
Marlboro, NJ 07746

RESUBMIT

DATE

12-14-5

Re: Block 670, Lot 4  
2770 Hooper Avenue – Kennedy Mall  
Zoning Permit Application

Dear Mr. Davis:

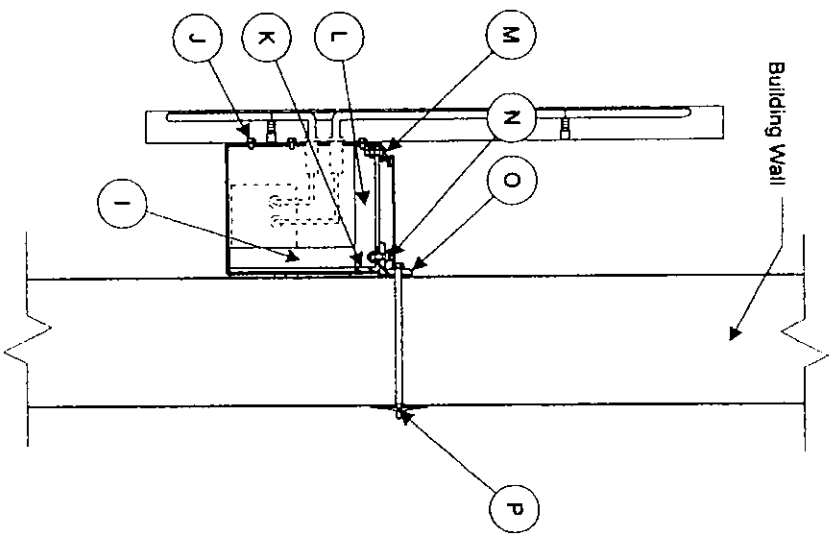
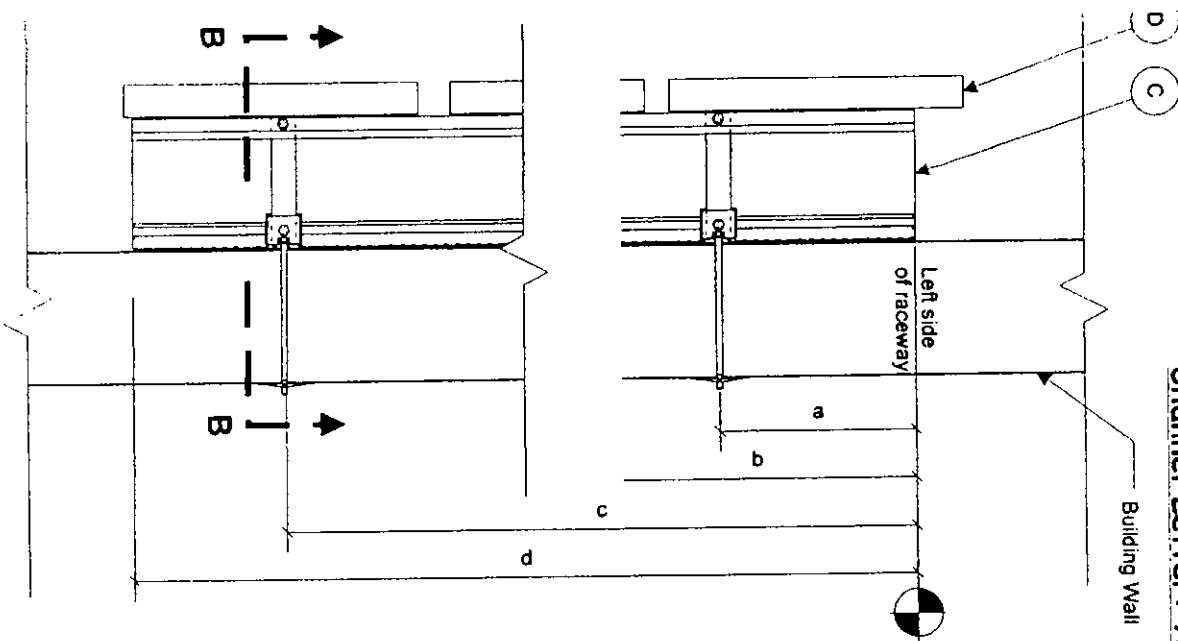
Your zoning permit application for a wall sign for Weichert Realtors on a building on the referenced property because your application form is incomplete, as noted. In addition, the building number and unit number must be noted on the application form. Please complete the application and resubmit it to the Division of Inspections office.

Very truly yours,

Sean Kinnevy  
Zoning Officer

Cc: Scott MacFadden, Business Administrator  
Michael Fowler, Principal Planner  
Kate MacDonald, Assistant Zoning Officer  
Daniel Newman, Jr., Construction Official

Channel Letter: Acrylic Face, Raceway Mounted.



| ITEM | DESCRIPTION                                  |
|------|----------------------------------------------|
| C    | Raceway, 0.040 inch Aluminum                 |
| D    | Channel letter                               |
| I    | Angle aluminum, 1-1/2 in x 1-1/2 in x 1/2 in |
| J    | 1/2 inch self-tapping sheet metal screws     |
| K    | Angle aluminum, 1-1/2 in x 1-1/2 in x 1/2 in |
| L    | Angle aluminum, 1-1/2 in x 1-1/2 in x 1/2 in |
| M    | Carriage Bolt, Nut, & Washer, 3/8 inch steel |
| N    | Carriage Bolt, Nut, & Washer, 3/8 inch steel |
| O    | Sign Shoe, 2 inch x 2 inch galvanized steel  |
| P    | Toggle Bolts and Washers, 3/8 inch steel     |

Design wind load of 110 MPH, 3 second gust

Section B-B

| BUILDING ATTACHMENT POINTS |                                  |
|----------------------------|----------------------------------|
| VAR                        | DISTANCE                         |
| a                          | First sign shoe and toggle bolt  |
| b                          | Second sign shoe and toggle bolt |
| c                          | Final sign shoe and toggle bolt  |
| d                          | End of raceway, length overall   |

Building Attachments

- View looking down from top,
- Structural components only,
- Raceway cover removed

# Township of Brick

Counter Form  
(PLEASE PRINT)

Site Location: 2770 HOOVER AVE.  
Block: 670 Lot: 4  
Owner's Name: FIDELITY LAND DEVELOPMENT CORP  
Owner's Mailing Address: 641 PHUNPILLE RD.  
CHATHAM, NJ 07921  
Phone: (973) 966-2800

## BUILDING

Contractor: J D GRAPHIC, INC.  
D/B/A MR SIGN  
Address: 6 RICHARDSON COURT  
MARLBORO, NJ 07746  
Phone#: 732-972-7790  
Lis # \_\_\_\_\_  
Federal Emp # or SSN 222 870 395

### Technical Data

Description of Work:

NEW SIGN ON BUILDING

### Type of Work

☐ New Building ☐ Siding  
☐ Addition ☐ Fence  
☐ Alteration ☐ Pool  
☐ Roofing ☐ Demolition  
☐ Asbestos Abatement ☒ Sign 29.6 sq ft  
☐ Fireplace wd/gas

### Building Characteristics

Use Group Present: \_\_\_\_\_ Proposed: \_\_\_\_\_  
No of Stories: \_\_\_\_\_  
Height of Structure: \_\_\_\_\_  
Area of the largest floor: \_\_\_\_\_  
Area of New Structure: \_\_\_\_\_  
Volume of New Structure: \_\_\_\_\_  
Total Land Disturbed: \_\_\_\_\_  
Cost of Alteration: \$ \_\_\_\_\_  
Cost of New Building: \$ \_\_\_\_\_  
Cost of Site Work \$ \_\_\_\_\_  
Total Cost of New Building Work: \$ 5575

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: Jay Davis  
Please Print Name JAY DAVIS

## ELECTRICAL

Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone#: \_\_\_\_\_  
Lis #: \_\_\_\_\_  
Federal Emp # or SSN \_\_\_\_\_

### Technical Data

| Item                    | Quantity |
|-------------------------|----------|
| Lighting Fixtures       | _____    |
| Receptacles             | _____    |
| Switches                | _____    |
| Detectors               | _____    |
| Light Poles             | _____    |
| Motors w/ Fract. HP     | _____    |
| Emergency & Exit Lights | _____    |
| Communication Points    | _____    |
| Alarm Devices/FAC Panel | _____    |
| Total                   | _____    |

Pool (Receptacles, Switches, Lights, Motor 1HP) \_\_\_\_\_  
Spa/Hot Tub/Storable Pool \_\_\_\_\_  
Electric Range \_\_\_\_\_ KW  
Oven/Surface Unit \_\_\_\_\_ KW  
Electric Water Heater \_\_\_\_\_ KW  
Electric Dryer \_\_\_\_\_ KW  
Dishwasher \_\_\_\_\_ KW  
Garbage Disposal \_\_\_\_\_ HP  
A/C Unit -Central Air \_\_\_\_\_ KW  
Space Heater/Air Handler \_\_\_\_\_ KW  
Baseboard Heating \_\_\_\_\_ KW  
Motors 1+ HP \_\_\_\_\_  
Transformer/Generator \_\_\_\_\_ KW  
Light Stander \_\_\_\_\_ AMP  
Service \_\_\_\_\_ AMP  
Subpanel \_\_\_\_\_ AMP  
Motor Control Center \_\_\_\_\_ AMP  
Sign/Outline Light \_\_\_\_\_ KW  
Furnace \_\_\_\_\_  
Steam Boiler \_\_\_\_\_  
Other: \_\_\_\_\_

Estimated Cost of Electrical Work: \_\_\_\_\_

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: \_\_\_\_\_  
Please Print Name \_\_\_\_\_

CONTRACTOR'S SEAL

Counter Form  
PLEASE PRINT

**PLUMBING**

Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Lis #: \_\_\_\_\_  
Federal Emp # or SSN \_\_\_\_\_

**Technical Data**

| Fixtures                                 | Quantity |
|------------------------------------------|----------|
| Water Closets (Toilet) _____             |          |
| Urinals/Bidets _____                     |          |
| Bath Tub (w/or w/out shower head) _____  |          |
| Lavatory (BR Sink) _____                 |          |
| Shower _____                             |          |
| Floor Drain _____                        |          |
| Sink _____                               |          |
| Dishwasher _____                         |          |
| Drinking Fountain _____                  |          |
| Washing Machine _____                    |          |
| Hose Bib _____                           |          |
| Gas Piping _____                         |          |
| Fuel Oil Piping _____                    |          |
| Water Heater _____                       |          |
| Steam Boiler _____                       |          |
| Hot Water Boiler _____                   |          |
| Sewer Pump _____                         |          |
| Interceptor/Separator _____              |          |
| Backflow Preventer _____                 |          |
| Greasetrap _____                         |          |
| Air Conditioner (Condensate Drain) _____ |          |
| Septic Tank Closure _____                |          |
| Sewer Service Connection _____           |          |
| Water Service Connection _____           |          |
| Active Solar System _____                |          |
| Auxiliary Meter _____                    |          |
| Sprinkler Heads _____                    |          |
| Sump Pump _____                          |          |
| Pool Heater _____                        |          |
| Other: _____                             |          |

Estimated Cost of Plumbing Work \_\_\_\_\_

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

**CONTRACTOR'S SEAL**

**FIRE**

Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Lis #: \_\_\_\_\_  
Federal Emp # or SSN \_\_\_\_\_

**Technical Data**

**Description of Work:**

Heating Type: \_\_\_\_\_ Gas \_\_\_\_\_ Oil \_\_\_\_\_ Electric \_\_\_\_\_ Solar \_\_\_\_\_  
Heating System is \_\_\_\_\_ New \_\_\_\_\_ Existing \_\_\_\_\_  
Location of Furnace/Boiler: \_\_\_\_\_  
Water Supply Source \_\_\_\_\_  
Method of Valve Supervision \_\_\_\_\_  
Local Alarm Supervision \_\_\_\_\_  
Central Supervision: \_\_\_\_\_  
Proprietary Supervision: \_\_\_\_\_

|                                 |                |            |
|---------------------------------|----------------|------------|
| Flammable Storage Tanks _____   | capacity _____ | fuel _____ |
| Combustible Storage Tanks _____ | capacity _____ | fuel _____ |
| LPG Storage Tanks _____         | capacity _____ | fuel _____ |

| Item                      | Quantity |
|---------------------------|----------|
| Wet Sprinkler Heads _____ |          |
| Dry Sprinkler Heads _____ |          |
| Total _____               |          |

Smoke Detectors \_\_\_\_\_  
Heat Detectors \_\_\_\_\_  
Total \_\_\_\_\_

Stand Pipes \_\_\_\_\_  
Kitchen Hood Exhaust System \_\_\_\_\_

**Pre-Engineered Systems:**  
CO2 Suppression \_\_\_\_\_  
Halon Suppression \_\_\_\_\_  
Foam Suppression \_\_\_\_\_  
Dry Chemical \_\_\_\_\_  
Wet Chemical \_\_\_\_\_

**Gas/ Oil Fired Appliances:**  
Gas Stove \_\_\_\_\_  
Gas Dryer \_\_\_\_\_  
Furnace (Gas or Oil) \_\_\_\_\_  
Gas Fireplace \_\_\_\_\_  
Gas Logs \_\_\_\_\_  
Total Appliances \_\_\_\_\_

Wood Burning Stove \_\_\_\_\_  
Wood Fireplace \_\_\_\_\_  
Other: \_\_\_\_\_

Estimated Cost of Fire Work \_\_\_\_\_

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_