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

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

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

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

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

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

1149 7 914 1150 ZUDAO FOOT JPA

BLOCK 1149 LOT 1 QUALIFICATION CODE 7887799 ADDRESS (SITE) 135-197 Van Zile Rd PERMIT NO. 20-0349

CONSTRUCTION PERMIT APPLICATION

C20-000071

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

I. IDENTIFICATION

1. Proposed Work Site at: 135-197 VAN Zile Rd Brick Tsp NJ
2. Name of Owner in Fee: Bricktown Plaza Associates
   Tel. (516) 393-8400 xt 156 e-mail EDHelm@polimeni.com
   Address 600 OLD COUNTRY #425 GARDEN CITY NY 11530 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Signarama Toms River Tel. (732) 914-1150
   Address 1333 Route 9 Toms River 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 Segall
   Tel. (732) 914-1152 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			
10. Subtotal	2 $ 95		
11. Cert. of Occupancy			
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 ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

COMMERCIAL

VIOLATION

VIOLATION

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		MFF	1/6/19		02/10/20	KEK			
☒ Electrical				1/22/20	1/23/20	to	MM		
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Eng	Exempt		1/13/20	EEE			
TOTAL COST									

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): _____

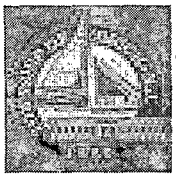
D. Construct. Classification: Present _____ Proposed _____

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 3/6/2020
Control Number C-20-000071
Permit Number 20-0349
Permit Issue Date 2/13/2020
Certificate Number 20-0349

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 135-197 VAN ZILE RD. Brick Township, NJ Block: 1149 Lot: 1 Qual:

Owner in Fee: BRICKTOWN PLAZA ASSOCIATES

Owner Address: 600 OLD COUNTRY RD #425 GARDEN CITY NY 11530

Telephone:

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 - - ZUDAO FOOT SPA ...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:

Ludao Foot Spa

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control #: 2/13/20
Date Issued / Permit #: 20-0349

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

Block 1149 Lot 1 Qualification Code

Work Site Location 135-197 VAN Zile Rd Brick Tsp NJ

Owner In Fee: BRICKTOWN PLAZA ASSOCIATES

Tel. 516 393-8400 X 156 e-mail Edheim@polimeni.com

Address 600 OLD COUNTRY #425 GARDEN CITY NY 11530
(street / municipality / zip code)

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

Address 1889 Route 9 Unit 100 e-mail ExperiorElectric@gmail.com
Toms River NJ 08755

Contractor License No. 14890 Exp. Date 03/31/2021

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 $ 250

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Vincent Zenna

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Wireing Of New Sign

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	20A	KW Elec. Sign/Outline Light

FEE (Office Use Only)

$

COPY

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[X] Electric Plans Approved
Date: 1-23-2020 Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 1-23-2020
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 3-4-2020
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	2-18-20		3-4-2020	MM
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.

BUILDING SUBCODE
TECHNICAL SECTION

Zudao Foot Spa

Date Received
Control # 2/13/20

Date Issued
Permit # 20-0349

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

Block 1149 Lot 1 Qualification Code

Work Site Location 135-197 Van Zile Rd Brick Tsp NJ

Owner in Fee: Bricktown Plaza Associates

Tel. 516-393-8400 x+156 e-mail edheim@polimeni.com

Address 600 old country #425 Garden City NY 11530
street municipality zip code

Contractor: Signarama of Toms River Tel. 732-914-1150

Address 1333 Rt 9 Toms River 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: 732-914-1150

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	02/10/20	VGH
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 02/10/20
Approved by: VGH

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 02/18/20
Approved by: VGH

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			2/18/20	VGH
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. $ 3000
2. Rehabilitation $
3. Total (1+ 2) $ 3000

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: ~~W Segall~~

Print name here: WARREN SEGALL

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Fabricate and install Led front lit channel letters; logo's flush mounted building facade
COMMERCIAL

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[X] Sign 32 Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$

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

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

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

CONSTRUCTION PERMIT

Date Issued 2/13/20
Control # C-20-000071
Permit # 20-01206

IDENTIFICATION Block: 1149 Lot: 1 Qualifier

Work Site Location: 135-197 VAN ZILE RD. Brick Township, NJ

Owner in Fee: BRICKTOWN PLAZA ASSOCIATES
600 OLD COUNTRY RD #425 GARDEN CITY NY 11530

Telephone:

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 - ZUDAO FOOT SPA ...INSTALL ILLUMINATED 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 $3,250

Construction Official

Date 2/11/20

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

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.	2404
Cash	$0
Credit	$0
Collected By	M. Fuga

+75
381

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

Multi-Tech Engineering, Inc.

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

TOWNSHIP OF BRICK
RELEASED FOR PERMIT
Building Subcode INITIAL MER DATE 10/20/19
Plumbing Subcode
Fire Subcode
Electrical Subcode 1-23-2020
Plan Reviewer
Plans Released
Construction Official

Date: December 31, 2019

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

Project: ZUDAO FOOT SPA
135-197 Van Zile Rd
Brick Tsp, NJ Block 1149 Lot 1

The proposed LED Remote Channel Letter Sign meets the following design criteria:

WIND LOADS
The sign is designed in accordance with section 1609.0 of the International Building Code / 2015/2018 to resist 125 MPH wind pressure from all directions per figure 1609.3 based on geographical location, building classification and exposure rating. Also complies with 115 MPH wind load at 3 second gusts.

SNOW LOADS
The sign is designed in accordance with section 1608.0 of the International Building Codes / 2015/2018 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 / 2015/2018 to withstand a 35 lb/sq ft live load.

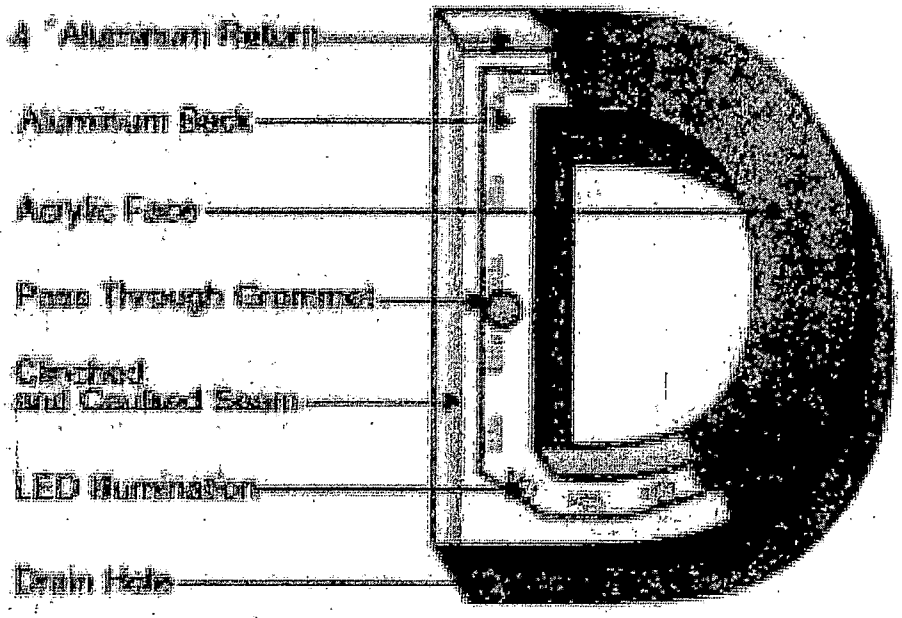
IBC Code 2015/2018 Section H105 Design and Construction (Signs)
The design proposed is in compliance with sections H105.1 through Section H105.6 inclusive. The wind, snow and live loads comply with Section H105 as depicted in Chapter 16 of the IBC 2015/2018 codes.

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.

E COPY

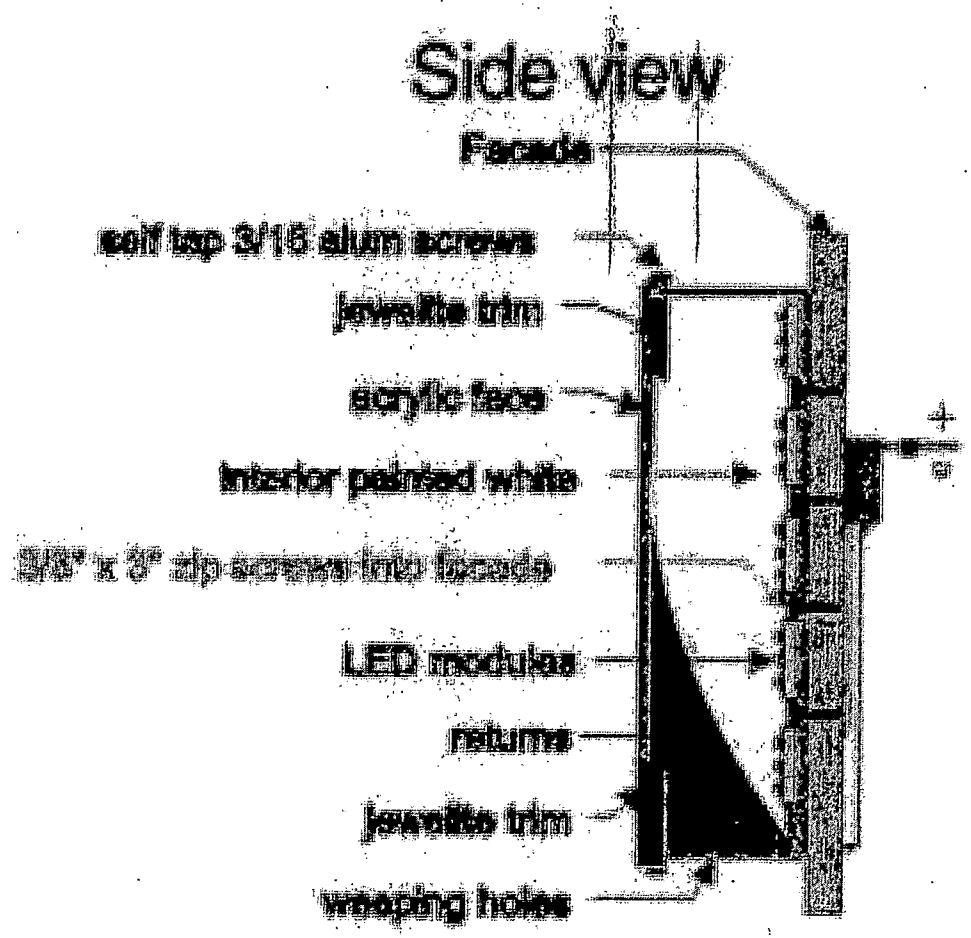
Ronald R. Sydoruk, P.E.
Professional Engineer
NJ License # 24GE03128600
NY License # 079152
PA License # PE-035473-E
NJ Special Inspectors License # 011015

12-31-19



FRONT VIEW

Side view



RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # ZP-20-00157
DATE ISSUED 2/13/20

BLOCK: 1149 LOT: 1 QUALIFIER: — SITE ADDRESS: 135-197 Van Zile Rd Brick NJ

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Bricktown Plaza Associates
   COMPLETE ADDRESS: 600 old country #425 Garden City NY 11530
   PHONE # 516-393-8400 EMAIL: sales@signarama-tomsriver.com
2. NAME OF APPLICANT: Signarama of Toms River
   APPLICANT ADDRESS: 1333 Route 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# 732-914-1152
4. SIGNATURE OF APPLICANT: W Segall

FOR OFFICE USE ONLY

FEE SUMMARY:

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

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: _____
PROPOSED USE: Zudao Foot Spa

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: _____ (*IF APPLICABLE)

OTHER Sign 32 sqft

DESCRIPTION: STORE FRONT, CHANNEL LETTER, FRONTLIT, UL Listed, ~~ES~~ FLUSH MOUNTED

ZONING REVIEW:
DATE REVIEWED: 1-9-20 DATE DENIED: _____ DATE APPROVED: 1-9-20 INTLS: CM

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) **Four (4) copies of 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.

2) **Two copies of the plans with dimensions and heights noted:**

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

Choose which is applicable for submission

3) **Plot plans and building plans must match for complete review**

NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED

01/2010

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

Date Issued: 2/13/20
Application Number: ZA-20-00025
Application Date: 1/8/2020
Project Number:
Permit Number: ZP-20-00157
Fee: $75.00

Zoning Permit

Worksite **135-197 VAN ZILE RD.**
Location: **Brick Township, NJ 08724**

Owner: **BRICKTOWN PLAZA ASSOCIATES**
Address: **600 OLD COUNTRY RD #425**
GARDEN CITY, NY 11530

Applicant: **SIGN-A-RAMA of Toms River**
Address: **1333 ROUTE 9**
Toms River, NJ 08755

Block: **1149** Lot: **1** Qualifier: _____ Zone: **B-3**

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

Present Use: **Retail Store**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Retail Store (Zudao Foot Spa)**

Work Description:
Sign - Storefront sign LED channel letters, 32 sq. ft. for "Zudao Foot Spa."

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

Additional Zoning Permit is required for additional work or signage.

Application Approved Date: 1/9/2020

Upon review it was determined that the Zoning Permit:

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

Christopher J. Romano, Zoning Officer — 1/9/2020 Date

Toms River
Signarama
The way to grow your business.
1333 ROUTE 9, TOMS RIVER, NJ 08755
732-914-1150 732-914-1152 SALES@SIGNARAMA-TOMSRIVER.COM

CLIENT: Zudao Foot Spa\Brick Loation
ORDER#
PROOF DATE: 1/3/2020

FILE NAME: Sealed Drawing_12-31-19.fs
DIRECTORY NAME: W:\Jobs\Zudao Foot Spa\Brick Loation
PREPARED BY: Izzy
DESIGN#

APPROVED FOR ZONING
1-9-20
CHRIS ROMANO, ZONING OFFICER

Block: 1149
Lot: 1
135-197 Van Zile Rd
Brick Township, NJ

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK _____

PERMIT # _____

BLOCK 1149 **LOT** 1 **ADDRESS** 135-197 Van Zile Rd Brick NJ

IDENTIFICATION: 135-197 Van Zile Rd Brick

1. WORK SITE ADDRESS ~~600 old country #425 GARDEN City NY 11530~~
2. APPLICANT Signarama of Toms River
3. NAME OF OWNER IN FEE _____
   ADDRESS _____
   PHONE _____ EMAIL _____
4. PRINCIPAL CONTRACTOR Signarama of Toms River
   ADDRESS 1333 Route 9 Toms River NJ 08755
   PHONE 732-914-1150 EMAIL Sales@signarama-tomsriver.com
5. ARCHITECT OR ENGINEER _____
   ADDRESS _____
   PHONE _____ EMAIL _____
6. RESPONSIBLE PERSON FOR WORK WARREN Segall
   ADDRESS 1333 Route 9 Toms River NJ 08755
   PHONE 732-914-1150 EMAIL Sales@signarama-tomsriver.com

FEE SUMMARY:

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

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS _____

DRAINAGE EASEMENTS _____

UTILITY EASEMENTS _____

CONSERVATION EASEMENTS _____

FEMA REQUIREMENTS _____

D.E.P. PERMITS _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER _____

APPROVED DATE _____

PROJECT DESCRIPTION:

☐ GRADING/CLEARING ☐ ROAD OPENING ☐ SOIL REMOVAL / FILL

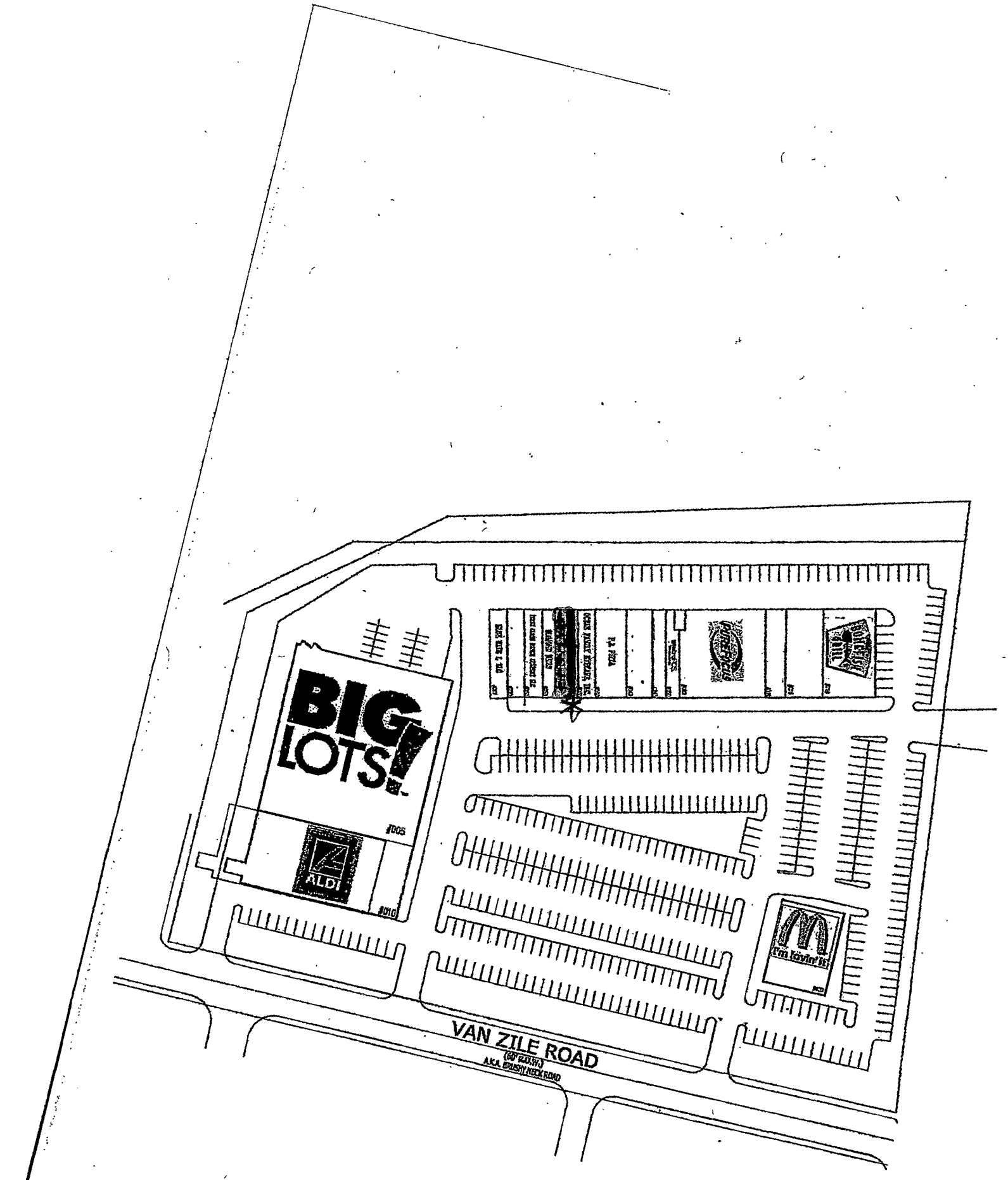
☐ RETAINING WALL ☐ POOL ☐ BULKHEAD / DOCK ☐ DWELLING

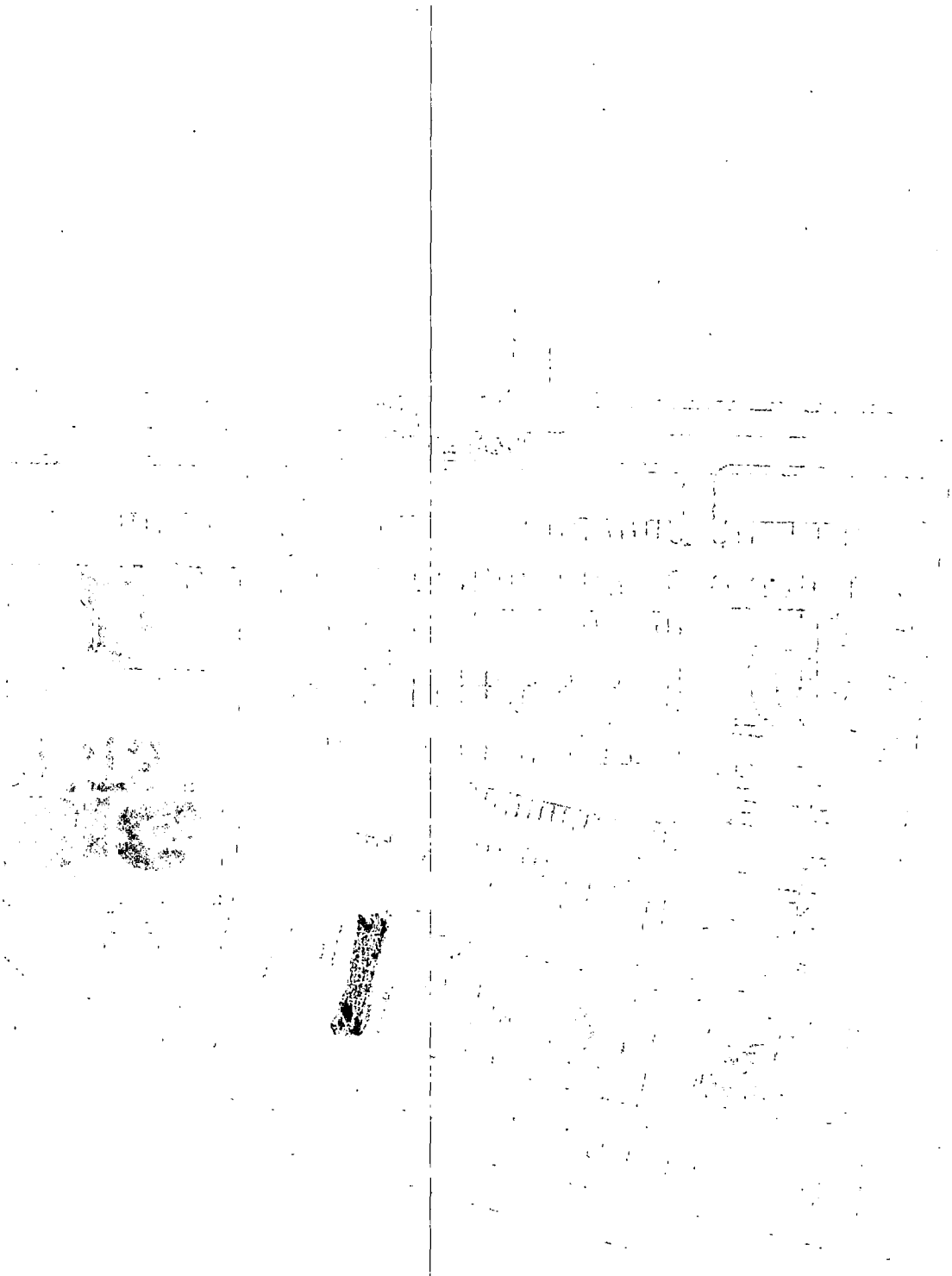
☐ TREE REMOVAL ☐ COMMERCIAL SITE MAINTENANCE

☐ DESCRIPTION New Sign - channel letter sign, LED illuminated.

ENGINEERING REVIEW:

DATE RECEIVED DATE REJECTED DATE APPROVED _____ INITIALS _____


BIG LOTS!
#005
ALDI
#010
VAN ZILE ROAD
(60' R.O.W.)
A.K.A. BRUSHY KNOLL ROAD



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Wednesday, January 22, 2020

To: BRICKTOWN PLAZA ASSOCIATES
600 OLD COUNTRY RD #425
GARDEN CITY, NY 11530

RE: Electrical Subcode
Block: 1149 Lot: 1 Qual:
135-197 VAN ZILE RD.
Permit Number: Control Number: C-20-000071
Last Submit Date: Tuesday, January 14, 2020

Dear BRICKTOWN PLAZA ASSOCIATES,

Your request is hereby denied based upon the following infractions.

No electrical plans submitted .

Sincerely,

Thomas Olson, Subcode Official

CC:

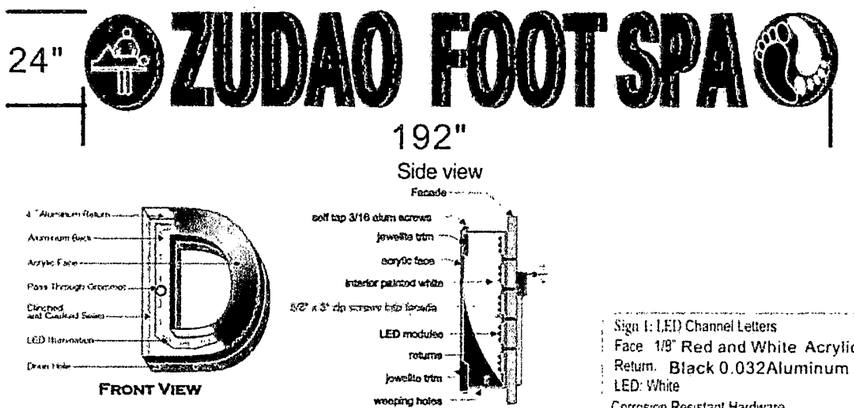
Signarama
Toms River
The way to grow your business.
1333 ROUTE 9, TOMS RIVER, NJ 08755
732-914-1150 732-914-1152 SALES@SIGNARAMA-TOMSRIVER.COM

CLIENT: Zudao Foot Spa - Brick
ORDER# Inv-10738
PROOF DATE: 12/31/2019

FILE NAME: Sealed Drawing_12-31-19.fs
DIRECTORY NAME: W:\Jobs\Zudao Foot Spa\Brick Loation
PREPARED BY: Izzy
DESIGN# Sealed Drawing

Location: Brick, NJ

Block: 1149
Lot: 1
135-197 Van Zile Rd
Brick Township, NJ



Sign 1: LED Channel Letters
Face 1/8" Red and White Acrylic
Return: Black 0.032Aluminum
LED: White
Corrosion Resistant Hardware

TO ASSURE SAFETY AND QUALITY OUR PRODUCTS IS (UL) LISTED

NOTES: This proof is provided for your approval. Signarama cannot proceed with your project until the proof is signed & returned. Please confirm proper vehicle year, make and model to ensure accuracy. Exact placement may be different from the proof as some adjustments may occur during the installation process due to the 3 dimensional application. Actual colors may differ from colors previewed in this proof due to computer monitor settings.

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I have reviewed this proof in detail. I understand that any typos, misspellings, or other incorrect data is my responsibility once I have signed or electronically approved this proof.

- ❑ Approved As Is
- ❑ Approved With Noted Changes
- ❑ Make Noted Changes & Send New Proof

X _____ Signature

_____ Date 12/31/19