

BLOCK 869.01 LOT 84 QUALIFICATION CODE _____ ADDRESS (SITE) 1905 Hwy 88 Buck NIS PERMIT NO. 11-1684



CONSTRUCTION PERMIT APPLICATION

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

C-11-001589

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>75</u>		
2. Electrical	\$ <u>40</u>		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$ <u>3</u>		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>118.40</u>		

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

I. IDENTIFICATION

1. Proposed Work Site at: 1905 Hwy 88

2. Name of Owner in Fee: Cousins Home Inc

Tel. (908) 486-4480 e-mail _____

Address 400 Ashton St Ashton NIS 07036

3. Ownership in Fee: Public _____ Private ✓

4. Principal Contractor: NorthEast Sign Tel. (732) 899-2887

Address 1225 River Ave e-mail _____

At Aspart NIS 08742

License No. OR, if new home, Builder Reg. No. N/A Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): N/A

Federal Emp. ID No. 22-3557446 FAX: (732) 899-2863

5. Architect or Engineer N/A Contact _____

Address _____ e-mail _____

Tel. (_____) _____ FAX: (_____) _____

6. Responsible Person in Charge once Work has Begun John De Falco

Tel. (732) 899-2887 FAX: (732) 899-2863

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)

- ☐ 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 Approval	Rejection	Re-viewer
	<u>40</u>	<u>5/5/11</u>		<u>5-24-11</u>	<u>JM</u>			
				<u>5/26/11</u>	<u>ID</u>			
	<u>Eng</u>	<u>Exempt</u>		<u>5/20/11</u>	<u>ECC</u>			

TOTAL COST

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

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 _____

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 Thomas DeFazio - Northeast Sign & Lighting

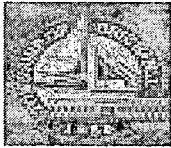
Address 1225 River Ave

A. Pleasant H.T. 08742

Telephone (732) 899-2887

Signature [Signature]

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 2/8/2019
Control Number C-11-001589
Permit Number 11-1684
Permit Issue Date 6/10/2011
Certificate Number 11-1684

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1905 ROUTE 88 sign for Newsland Brick Township, NJ Block: 869.01 Lot: 4 Qual: _____

Owner in Fee: COUSINS MALL, INC.

Owner Address: 400 ASHTON ST. LINDEN NJ 07036

Telephone: _____

Contractor NORTHEAST SIGN & LIGHTING

Address 1225 RIVER AVE PT PLEASANT NJ 08742

Telephone: (732) 899-2887 Fax: _____

License Number or Builders Registration Number: _____ Federal Emp. Number: 22-3557446

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SIGN INSTALLATION

Certificate Comments:

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:

Conditions to be met:

Construction Official

Date Printed: 2/8/2019

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

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

11-1684
6-10-11

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

Block 869.01 Lot 84 Qualification Code _____

Work Site Location 1905 Hwy 88 Bldg N.J. 08742 ← SIGN

Owner in Fee: Carsons Plan Inc

Tel. (____) _____ e-mail _____

Address: 400 Ashton St Jersey City N.J. 07306

Contractor: Northwest Signs Tel. (732) 899-2887

Address: 1225 Ocean Ave e-mail _____

Contractor License No. or Builder Registration No. N/A Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): N/A

Federal Emp. ID No. 22-3557446 FAX: (732) 899-2863

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	INSPECTIONS
☐ No Plans Required			Type: _____ Failure _____ Approval _____ Initial _____
☒ All	<u>5-24-11</u>	<u>JH</u>	Footings _____
☐ Footings/Foundations			Footings Bonding _____
☐ Structural/Framework			Foundation _____
☐ Exterior			Slab _____
☐ Interior			Frame _____
Joint Plan Review Required:			Truss Sys./Bracing _____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Barrier-Free _____
SUBCODE APPROVAL for PERMIT			Insulation _____
Date: <u>5-24-11</u>			Finishes -Base Layer _____
Approved by: <u>KH/JH</u>			Finishes -Final _____
SUBCODE APPROVAL for CERTIFICATE			Energy _____
☐ CO ☐ CCO ☐ CA			Mechanical _____
Date: <u>06/21/11</u>			TCO _____
Approved by: <u>KH</u>			Other _____
			Final <u>*6/16/11</u> <u>KH</u> <u>6-20-11</u>
			Barrier-Free _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____

No. of Stories _____ If Industrialized Building: _____

Height of Structure _____ ft. State Approved _____ HUD _____

Area — Largest Floor _____ sq. ft. Est. Cost of Bldg. Work:

New Bldg. Area/All Floors _____ sq. ft. 1. New Bldg. \$ 2000

Volume of New Structure _____ cu. ft. 2. Rehabilitation \$ _____

Max. Live Load _____ 3. Total (1+2) \$ 2000

Max. Occupancy Load _____

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 _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALLATION OF (1) NEW
3' X 12' SINGLE Faced Sign
CABINET OVER THE
SOUTH FRONT

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6')
- ☒ Sign 36 Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall _____ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

U.C.C. F110
(rev. 12/07)

No Sign Installed



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received

Control #

Date Issued

Permit #

11-1684
6-10-11

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

Block 869.01 Lot 84 Qualification Code _____Work Site Location Norris Land1905 Hwy 88 Bldg N15 08724Owner In Fee Carsons Home IncAddress 400 Barton StNorris N15 07036

Tel (____) _____

Contractor Empire ElectricAddress 4130 W. 18th AveWall NJ 07727Tel (732) 278-4308 FAX (____) _____Contractor License No. 13843AFederal Emp. No. 20-0088355

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required 5/24/11

Joint Plan Review Required:

☐ Building ☐ Plumbing☐ Fire ☐ Elevator☐ Elec. Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CADate: 6/24/11Approved by: J

INSPECTIONS

Type: Failure Failure Approval Initial

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 or) owner of record and am authorized to make this application and perform the work listed on this application.

[Signature]

Applicant's Signature and Seal and Signature

☒ Licensed Electrician ☐ Licensed Landscape Irrigation Contr'r ☐ Exempt Applicant

D. TECHNICAL 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/+ 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 \$ _____

RECEIVING CLERK 103DATE REC'D 5/5/11

ZONING PERMIT APPLICATION

PERMIT # ZP-11-00458DATE ISSUED 6-10-11BLOCK: 869.01LOT: 4QUALIFIER: XSITE ADDRESS: Newsland
1905 Hwy 88
CAMP HALL-UNIT 7

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Chassis Plan IncCOMPLETE ADDRESS: 400 Ashton St
Mountain View N.J. 07036PHONE # 908-486-4480 EMAIL: _____2. NAME OF APPLICANT: Northeast Sign + LightingAPPLICANT ADDRESS: 1225 Penn Ave
Pt Pleasant N.J.PHONE # 732-899-2887 EMAIL: Northeast Signs @ Comcast
*NET3. RESPONSIBLE PERSON FOR WORK: Michael DeFalcoPHONE# 732-899-2887 FAX# 732-899-28634. SIGNATURE OF APPLICANT: 

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: \$ 50.00

OTHER: \$ _____

TOTAL: \$ _____

REQUIRED BY APPLICANT

RESIDENTIAL: _____

COMMERCIAL: ☒EXISTING USE: Conv. StorePROPOSED USE: Conv. Store

BOARD APPROVAL: _____ PB _____ ZB _____

RESOLUTION#: _____

APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: _____ *ADDITION _____ *ALTERATION _____ *PORCH _____ *DECK _____

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

HEIGHT: _____ (*IF APPLICABLE)

OTHER Repairs of the existing 3' x 12' storefront sign.DESCRIPTION: Sign was damaged in a wind storm

ZONING REVIEW:

DATE REVIEWED: 5-19-11

DATE DENIED: _____

DATE APPROVED: 5-19-11INTLS: SG20

(SEE BACK PAGE)

RECEIVED
MAY 19 2011
5628

DATE REVIEWED: 8-19-11 DATE DENIED: DATE APPROVED: 8-19-11 INTLS: 5628

[illegible]

LAND USE

245 Attachment 5

Township of Brick

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS

Township of Brick

Ocean County, New Jersey

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No. 354-2TTTT-88; 9-27-1988 by Ord. No. 354-2XXXX-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

Zone	Minimum Lot Size						Minimum Required Yard Depth						Maximum Lot Coverage by Building	Maximum Building Height				Minimum Floor/ Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage
	Interior Lots			Corner Lots			Principal Building				Accessory Building			Maximum Building Height					
	Area (square feet)	Width (feet)	Depth (feet)	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Both Sides Combined (feet)	Rear Yard (feet)	Side Yard (feet)	Rear Yard ¹ (feet)		Stories	Eaves (feet)	Feet	Ridge (feet)		
R-R	40,000	150	150	40,000	150	150	50	25		50	25	25	25%	—	25			—	
RR-2	See § 245-90.																		
RR-3	See § 245-103.																		
R-20	20,000	100	125	25,000	100	125	40	15	—	40	10	10	25%	—	25	35	38.5	—	
R-15	15,000	100	115	17,250	100	115	35	12	—	35	10	10	25%	—	25	35	38.5	—	
R-10	10,000	90	100	10,500	100	100	30	6	20	20	5	5	30%	—	25	35	38.5	—	
R-7.5	7,500	75	90	9,000	75	90	25	6	15	15	5	5	30%	—	25	35	38.5	—	
R-5	5,000	50	75	6,000	50	75	20	5	12	15	5	5	35%	—	25	35	38.5	—	
O-P	15,000	100	150	15,000	100	150	50	10	—	50	20	50	35% ²	2	—	35	38.5	1,500	70%
B-1	10,000	100	90	12,500	100	125	30	10	—	20	10	20	30% ²	2	—	35	38.5	1,000	60%
B-2	20,000	125	125	20,000	125	125	50	10	—	50	10	50	30% ²	2	—	35	38.5	2,000	65%
B-3	2 acres	200	200	2 acres	200	200	75	30	—	50	20	50	25% ²	—	—	35	38.5	2,000	65%
B-4	5 acres	300	300	—	—	—	100	50(150 ¹)	—	100(150 ¹)	20	50	25%	3	—	35	38.5	30,000	70%
M-1	5 acres	300	300	5 acres	300	300	100	50	—	150	75	150	30% ²	—	—	35	38.5	5,000	65%
R-M	25 acres	350	200	—	—	—	50	50	—	30	30	30	20%	—	25	35	38.5	—	65%
O-P-T	40,000	150	150	40,000	150	150	50	20	—	50	20	50	25% ²	2	—	35	38.5	2,000	50%
H-S	See § 245-261.																		
														—	—	—	—		70%

NOTES:

- ¹ If adjacent to residential zone or use.
- ² The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.
- ³ For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.

FOR REFERENCE ONLY

Community Development and Land Use

401 Chambers Bridge Rd.

Brick NJ 08723

(732) 262-1027

**Receipt**

Payment Date 06/10/2011

Transaction # PMT-11-03746

Receipt #

Issued To Northeast Signs

Description Sign for Newsland

Date Printed 06/10/2011

Check Number 1130

Cash \$0.00

Check \$50.00

Charge \$0.00

Total Paid \$50.00

06/10/11 2:33PM 001558733
**02 SERV.002

#03746

ZPA

CHECK

\$50.00

\$50.00



CONSTRUCTION PERMIT

Date Issued _____
Control # C-11-001589
Permit # _____

IDENTIFICATION Block: 869.01 Lot: 4 Qualifier _____
Work Site Location: 1905 ROUTE 88 sign for Newsland Brick Township, Contractor NORTHEAST SIGN & LIGHTING
NJ Address 1225 RIVER AVE PT PLEASANT NJ 08742
Owner in Fee COUSINS MALL, INC. Telephone: (732) 899-2887
400 ASHTON ST. LINDEN NJ 07036 Lic. No. or Bldrs. Reg. No. _____
Telephone: _____ Federal Employee No. 22-3557446

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

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 \$2,200

PAYMENTS (Office Use Only)

Building	\$75
Electrical	\$40
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$3
CO Fee	
Other	\$0
Total	\$118
Check No.	
Cash	\$0
Credit	\$0
Collected By	

Construction Official _____

Date _____

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

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:

☒ 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.



Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued: _____
Application Number: ZA-11-00444
Application Date: 05/19/2011
Project Number: _____
Permit Number: _____
Fee: \$50

Zoning Permit

Worksite: **1905 ROUTE 88**
Location: **Camp Mall - Unit No. 7**
Brick Township, NJ 08724

Block: **869.01**
Lot: **4**
Qualifier: _____
Zone: **B-2**

Owner: **COUSINS MALL, INC.**

Applicant: **Michael DeFalco; Northeast Sign & Lighting**

Address: **400 ASHTON ST.**
LINDEN, NJ 07036

Address: **1225 River Avenue**
Point Pleasant, NJ 08742

Application Approved Date: 05/19/2011

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

Use is: Retail Store --Newsland tobacco and magazine store.

Nonconforming Use is: _____

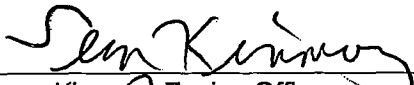
Work Description:

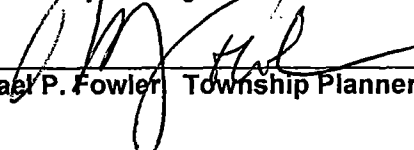
Sign - Replace wall sign, 36" x 144", "Newsland, Cigarettes, Cigars, Lottery, Magazines, Soda, Candy", same size and location.

The total sign area may not exceed 15% of the total facade area.
The unit number must be displayed on the front and back doors.

Upon review it was determined that:

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


Sean Kinnevy Zoning Officer


Michael P. Fowler Township Planner

05/19/2011

Date


Date

SERVICE
3240

NEWSLAND

CIGARETTES - CIGARS
LOTTERY - MAGAZINES - SODA - CANDY

840-4400
NAIL

FASTEST
REFUND

602

606

1A92-199

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

MAY 19 2011

144"

36"

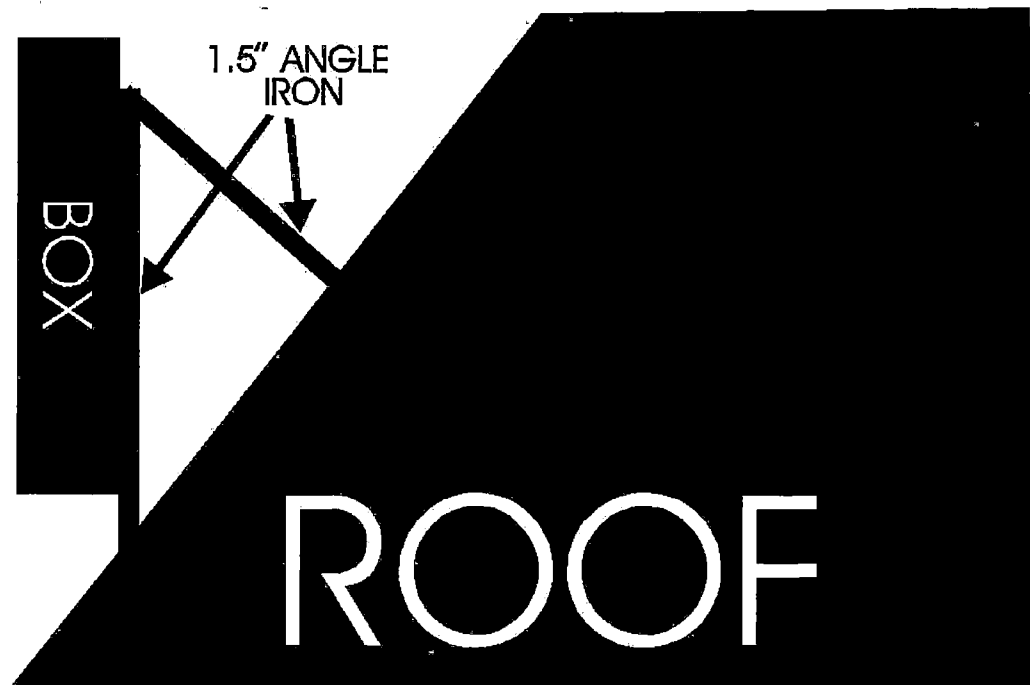
NEWSLAND

CIGARETTES - CIGARS
LOTTERY - MAGAZINES - SODA - CANDY

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

MAY 19 2011
SK

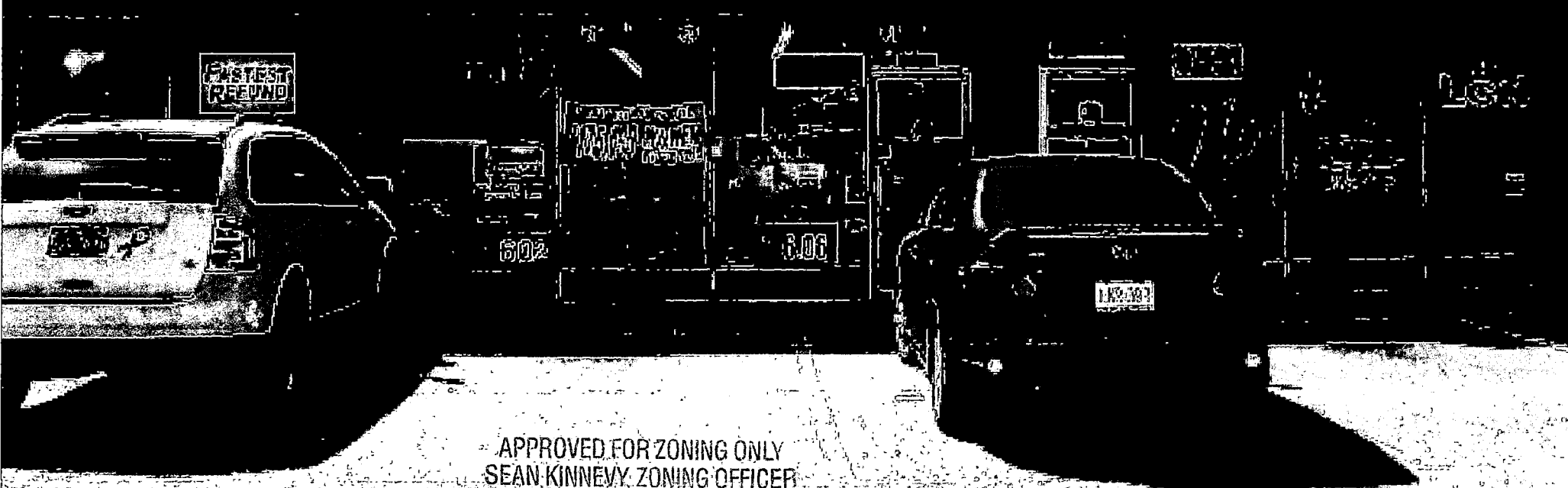
SIDE VIEW



SERVICE
3240

NEWSLAND
CIGARETTES - CIGARS
LOTTERY - MAGAZINES - SODA - CANDY

840-4400
DIAMOND NAILS



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

MAY 19 2011
SK

144"

36"

NEWSLAND

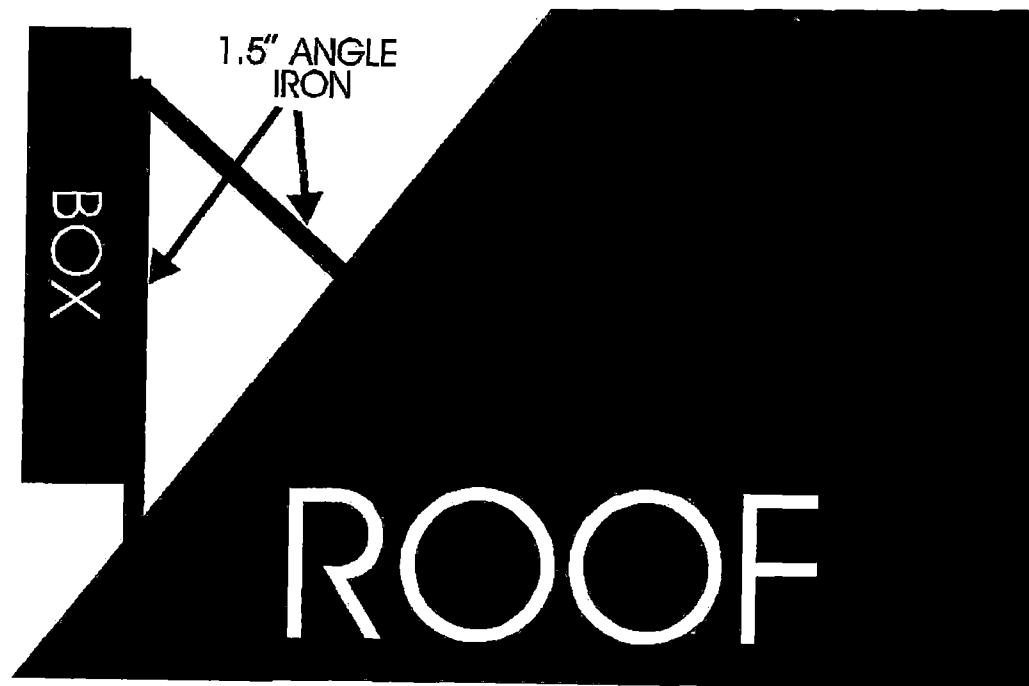
CIGARETTES - CIGARS
LOTTERY - MAGAZINES - SODA - CANDY

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

MAY 19 2011

SK

SIDE VIEW



SERVICE
3240

NEWSLAND
CIGARETTES - CIGARS
LOTTERY - MAGAZINES - SODA - CANDY

840-4460
DIAPY NAILS

FASTEST
REFUND

602

606

192-093

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

MAY 19 2011
[Signature]

144"

36"

NEWSLAND

CIGARETTES - CIGARS
LOTTERY - MAGAZINES - SODA - CANDY

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

MAY 19 2011

SK

SIDE VIEW

