

CO6-60

U.C.C. F100-1 (rev. 3/98)

LDS BR-B 10526121

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.

Agent Name Walter Sigmund

Address 1765 RT 9

TOMES RIVER, N.J. 08755

Telephone (732) 349-8499

Signature Andy Gorton

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

Name of Code & Edition	Name of Code & Edition	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
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 07/26/2007
Tracking Number
Permit Number 04-1650
Permit Issue Date 05/06/2004
Certificate Number 04-1650

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 2770 HOOPER AVE SIGN, NJ Block: 670 Lot: 4 Qual: _____
Owner in Fee: NOLAN TERMOTTO
Owner Address: 641 SHUNPIKE RD CHATHAM NJ 07928-
Telephone: 973/966-2800
Contractor: GIRTAIN SIGN CO.
Address: 1765 RT 9 TOMS RIVER NJ 08753-
Telephone: _____ Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: 22-3305786

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use: _____

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: 07/26/2007

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMITE

Date Issued 05/06/2004
Control #
Permit # 04-1650

IDENTIFICATION Block 670 Lot 4 Ewel

Work Site Location 2770 HOSPER AVE
Owner in Fee NOLAN IERMOITO
Address 641 SHUMPIKE RD
CHAIRMAN, NJ 07928-
Telephone (973)966-2800
Contractor BERTAIN SIGN CO.
Address 1765 RT 9
TOMS RIVER, NJ 08753-
Telephone ()
Lic. No. of Bldgs. Reg. No.
Federal Emp. No. 22-3305786

Is hereby granted permission to perform the following work:
(X) BUILDING () PLUMBING () LEAD HAZARDOUS ABATEMENT
() ELECTRICAL () FIRE PROTECTION () DEMOLITION
() ELEVATOR DEVICES () ASBESTOS ABATEMENT () OTHER
(Subchapter B only)

DESCRIPTION OF WORK:
INSTALLATION OF WALL SIGN NON ILLUMINATED CLASS BARS

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 \$ 3,500

Construction Official
05/06/2004

U.C.C. F170 (rev. 3/99) NJ UCCARS 5.24E

PAYMENTS (Office Use Only)
Building 144
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other 0
DCR State Permit Fee 5
Cert. of Occupancy 0
Total 149
Check No. 11619
Cash
Collected By MUR

164-

05/06/04 10:30AM 0000000#9001
#X02 SERV.002
#1650
BUILDING \$144.00
DCR \$5.00
ZPA \$15.00
CHECK \$164.00

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE

Date Received 04/02/2004
Date Issued 5/16/04
Control # C06-60
Permit # 04-1650

TECHNICAL SECTION

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING

CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1600

Block 670 Lot 4

Qual

Work Site Location 2770 HOOPER AVE

Owner in fee NOLAN TERNOTTO

Address 641 SHUNPIKE RD

CHATHAM, NJ 07928-

Tele. (973) 966-2800

Contractor SURETAIN SIGN CO.

Address 1765 RI 9

TOMS RIVER, NJ 08753-

Tele. () Fax ()

Lic. No. of Bldrs. Reg. No.

Federal Emp. No. 22-3305786

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 WALL SIGN NON ILLUMINATED CIAO BABY

OLD "MANGIA TU" RESTAURANT
BEHIND "OUT BACK"

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plans Req.

☒ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CCO ☐ CA

Date: 7-24-07

Approved By: [Signature]

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

Barrierfree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

Barrierfree

Dates (Month/Day)

Failure Failure Approval Initial

8. BUILDING CHARACTERISTICS

Use Group Present U Proposed U

Constr. Class Present Proposed

No. of Stories 0

Height of Structure 0 ft.

Area Largest Floor 0 Sq. Ft.

New Bldg. Area/All Floors 0 Sq. Ft.

Volume of New Structure 0 Cu. Ft.

Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0

2. Alteration \$ 3,500

3. Total (1+2) \$ 3,500

Industrialized Building:

☐ State Approved

☐ HUD

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence 0 Height (exceeds 6')

☒ Sign 144 Sq. Ft.

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

Other

☐ Demolition

FEE (Office Use Only)

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 144

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

Administrative Surcharge

Minimum Fee

TOTAL FEE

DCA State Permit Fee

U.C.C. F110 (rev. 3/96)

Date Received 04/02/2004
Date Issued 5/16/04
Control # C06-60
Permit # 011-11

04-1650

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

Lic. No. or Bldg. Reg. No. _____
Federal EDP. No. 22-3505786 _____

INSTALLATION OF HALL SIGN NOW ILLUMINATED C140 BABY
OLD "MANGIA TO" RESTAURANT
Behind "OUT BACK"

Signature

INSTALLATION OF HALL SIGN NON ILLUMINATED CIAO BABY

FEE (Office Use Only)

00

0	0
---	---

144
0

0

1	2
---	---

0

1

144
5

C.C. File (rev. 3/96)

U.C.C. F110 (rev. 3/96)

Township of Brick

Counter Form (PLEASE PRINT)

Site Location: 2770 HOOPER AVE BRICK
Block: 670 Lot: 4
Owner's Name: NOLAN TENNETTO
Owner's Mailing Address: 641 SHANPIKE RD
CHATHAM N.J. 07928
Phone: (973) 966-2800

BUILDING

Contractor: GIN TAIN SIGN CO
Address: 1765 RT 9
TOMS RIVER, N.J. 08755
Phone#: 732 349-8499
Lis # _____
Federal Emp # or SSN 223305786

Technical Data

Description of Work:

INSTALLATION OF WALL
SIGN NON ILLUMINATED
144 SQ FT

Type of Work

☐ New Building ☐ Siding
☐ Addition ☐ Fence
☐ Alteration ☐ Pool
☐ Roofing ☐ Demolition
☐ Asbestos Abatement ☒ Sign 144 sq ft

Building Characteristics

Use Group Present: B Proposed: B
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: \$ 3500.00

Cost of New Building: \$ _____

Total Cost of New Building Work: \$ 3,500.00

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: [Signature]

Please Print Name ALOT GIN TAIN

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: _____

**Township of Brick
Zoning Permit**

Approved: Tuesday, April 06, 2004 **Number:** 414

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

Property Address: 2770 Hooper Avenue; Kennedy Mall

Applicant: Andy Girtain; Girtain Sign Company

Property Owner Nolan Termotto

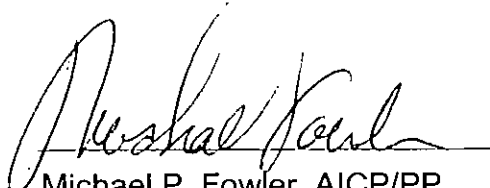
Existing Use: "Mangia Tu" restaurant.

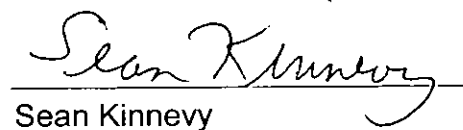
Proposed Use: "Ciao Baby" restaurant.

Proposed Construction: Wall sign, 3' x 48', "Ciao Baby Cucina Italiana".

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
Municipal Planner


Sean Kinnevy
Zoning Officer

APR 6 2004

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information
will delay processing and may be returned to you.

BLOCK 670 LOT 4 QUALIFIER _____

PROPERTY ADDRESS 2770 HOOPER AVE

PERSONAL NAME OF APPLICANT ALAN GIATTA

BUSINESS NAME OF APPLICANT GIATTA SIGN CO.

MAILING ADDRESS OF APPLICANT 1765 N 9 THS RIVER N.J. 08705

PROPERTY OWNER'S FULL NAME ADOLF TEAMOTTO

PRESENT USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) RESTAURANT

PROPOSED USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) RESTAURANT - SIGN

PROPOSED CONSTRUCTION (check all that apply)

- ☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☐ Alteration _____
☐ Porch or deck - Height _____
☐ Shed - Height _____ Height _____
☐ Fence - Type _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☒ Other (please describe) Sign INSTALLATION ON WALL

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.

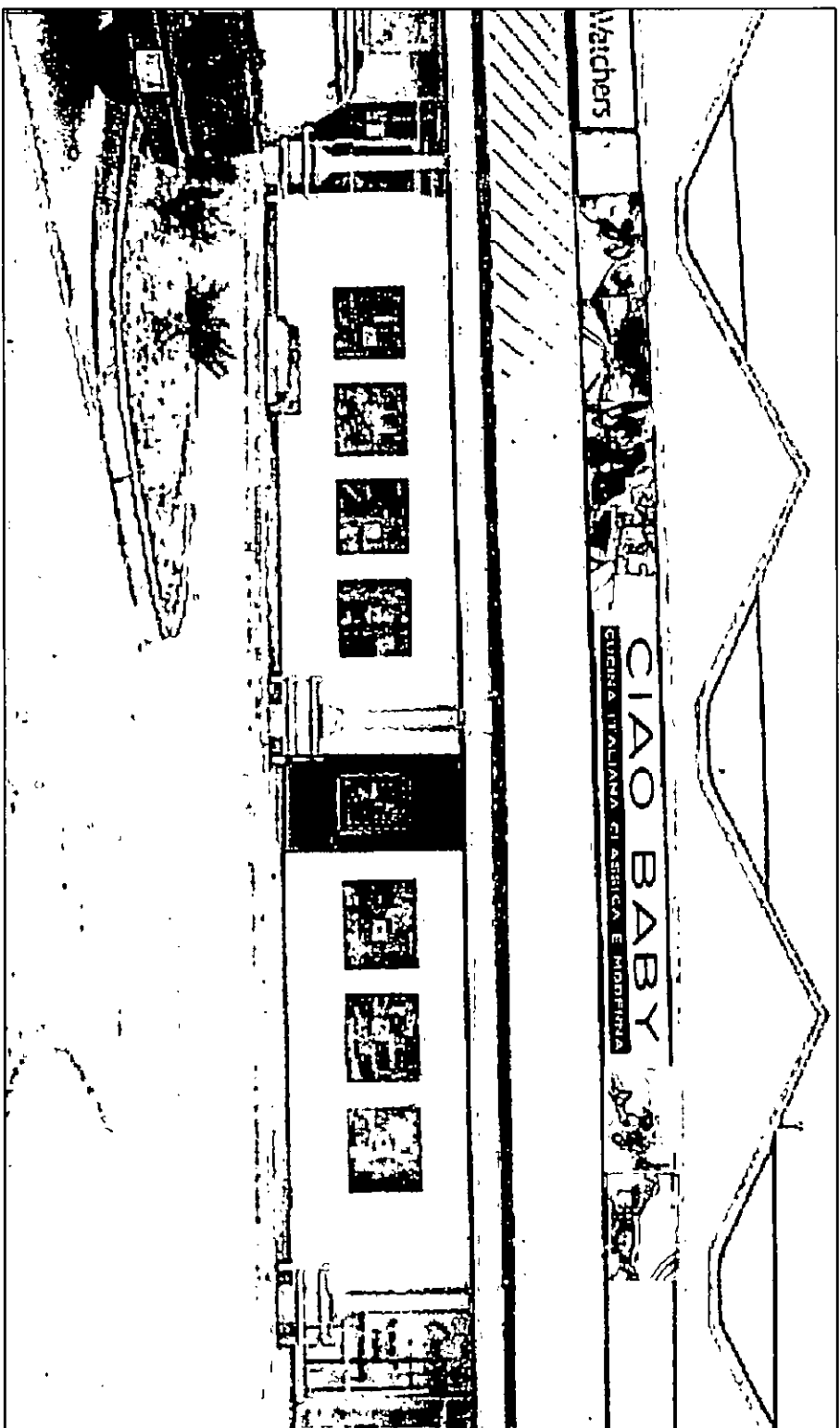
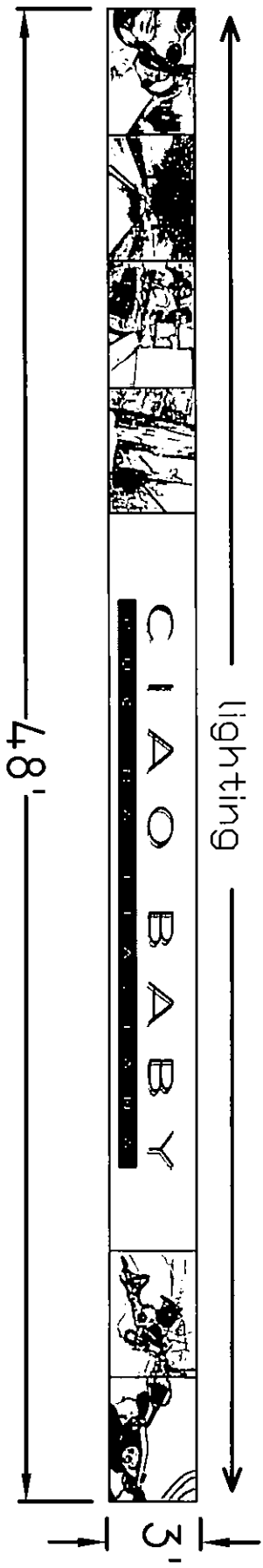
Note: No partial, taped, faxed,
reduced or enlarged copies
can be accepted.

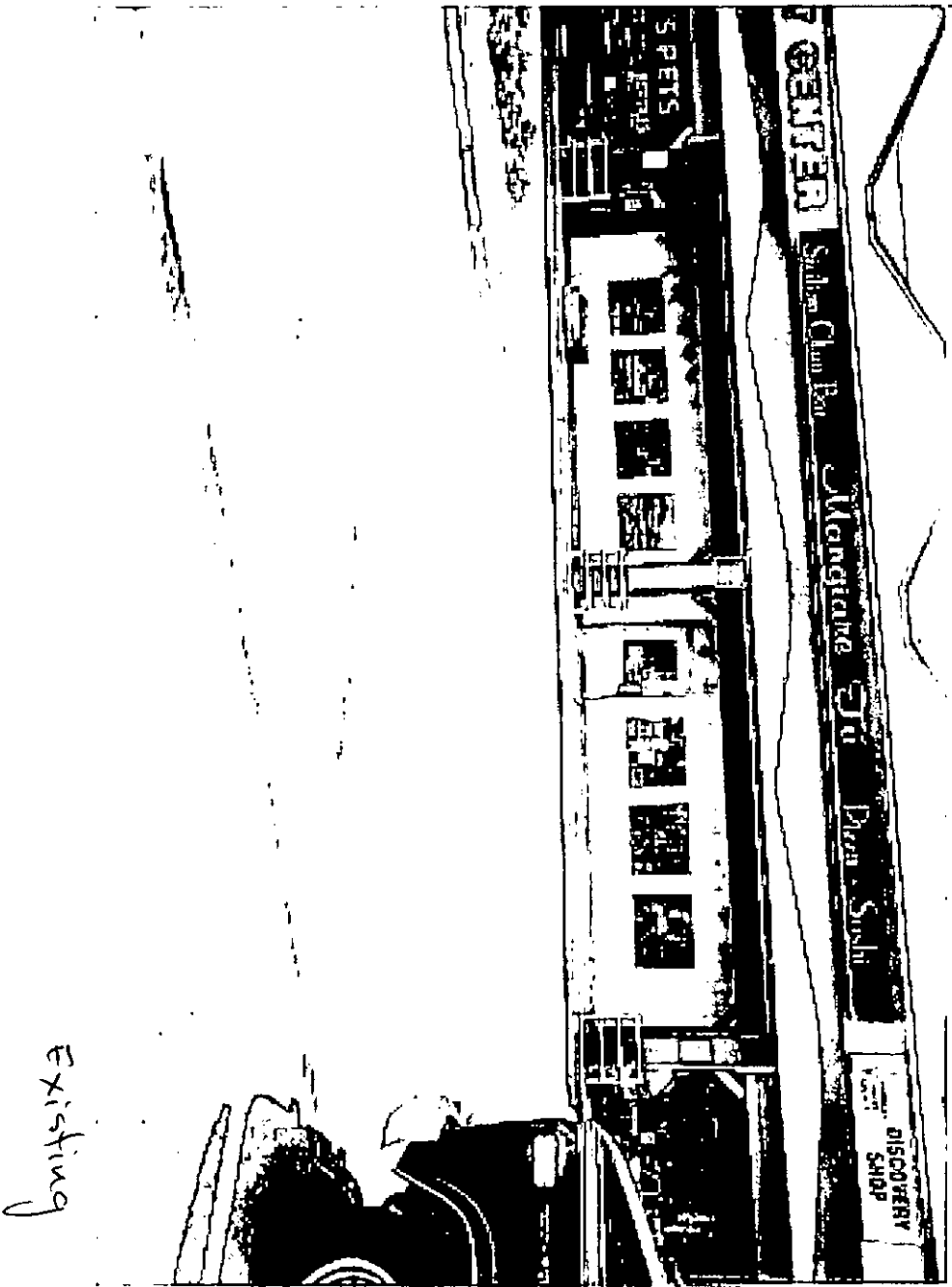
The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County,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

SIGNATURE OF APPLICANT andrew giatta Date 4.2.04

Reviewed by Zoning Office JE Date 4/6/04 ☒ Approved () Denied

COMMERCIAL





Existing

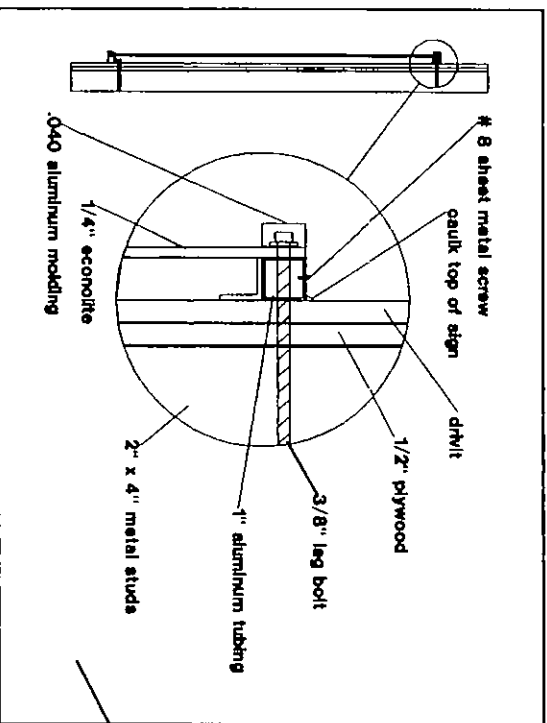
ONE NEW 3' X 48' NON-ILLUMINATED BUILDING SIGN



48'

C I A O B A B Y

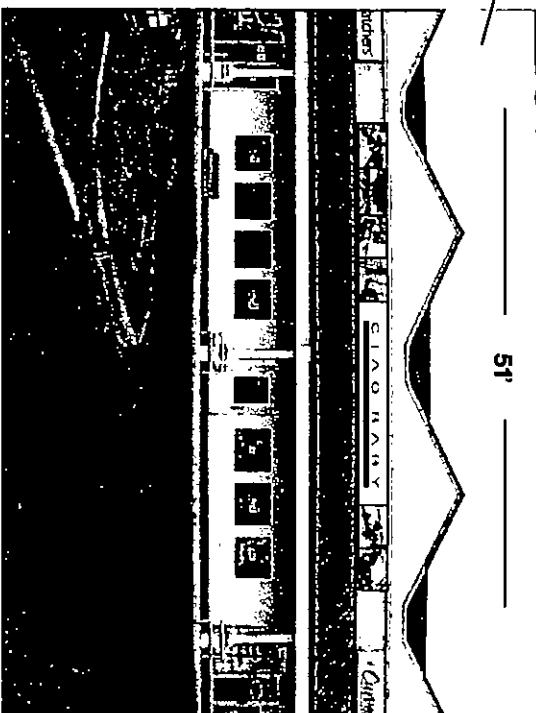
3'



Zoning

Building area is 25' x 51' or 1275 sq.ft. 15% of 1275 is 191 sq.ft. The proposed sign is 144 sq. ft. which is well within the allowable size.

Construction



GIRTAIRN
SIGN
Company

1765 ROUTE 9 TOMS RIVER, NJ 08755
732-349-8499
Fax 732-505-3673 1-800-834-8499
Three Generations
A LIMITED LIABILITY COMPANY

NAME:

CIAO BABY

DESCRIPTION:

**NEW BUILDING SIGN
NON-ILLUMINATED**

DATE

3/31/04

SA:

CIAOB