

BLOCK 670 LOT 4 ADDRESS (SITE) 22 Kennedy Mall PERMIT NO. 2757-96

RECEIVED

OCT 9 1996

CONSTRUCTION PERMIT APPLICATION

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

DIV. OF INSPECTION IDENTIFICATION

1. Proposed Work-site at: 22 Kennedy Mall Brick
2. Name of Owner in Fee: Lidia Brown Tel. (908) 367-5137
- Address 22 Kennedy Mall Brick NJ
street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Mark-O-Lite SienCo Tel. (908) 462-8530
- Address 1420 Rt 9 South Howell NJ 07731
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
- Federal Emp. No. 22-2239194 Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
- Address _____
6. Responsible Person in Charge of Work H Mark Tel. 908 462-8530

V. FEE SUMMARY (for office use only)

- | | | Update | Update |
|--------------------------------------|----------|--------|--------|
| 1. Building | \$ 35- | | |
| 2. Electrical | | | |
| 3. Plumbing | | | |
| 4. Fire Protection | | | |
| 5. Elevator Devices | | | |
| 6. Subtotal | \$ | | |
| 7. Less 20% for
State Plan Review | | | |
| 8. Subtotal | \$ | | |
| 9. DCA Training Fee | 1 | | |
| 10. Subtotal | \$ | | |
| 11. Cert. of Occupancy | | | |
| 12. Other <i>2PA</i> | \$15 | | |
| 13. TOTAL | \$ 51-00 | | |

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 _____ sq. ft.
 no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

II. PROPOSED WORK

1. ☒ Minor work
(single trade)
 2. ☐ Small Job (\$5,000
and no prior approvals)
 3. ☐ New Building
 4. ☐ Addition
 5. ☐ Alteration
 6. ☐ Fire Protection
 7. ☐ Plumbing
 8. ☐ Electrical
 9. ☐ Elevator Devices
 10. ☐ Asbestos Abatement
 11. ☐ Demolition
- TOTAL COSTS**

Est. Cost

85000

OPTIONAL (for office use only)

[illegible]

III. DO YOU WANT: (optional) 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. ☐ Fire Pumps
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow
Preventers
6. ☐ Sewerage and Sanitary
Systems
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

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 _____

Before Construction _____
After Construction _____

Net gain or loss _____

B. NON-RESIDENTIAL

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

LDS BR 10207548

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.

X 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 New Jersey 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 Mark - O. Litz

Address 1420 Rt 9 South
Howell NJ 07731

Telephone (908) 462-8530

Signature N. Mark Date 10/1/96

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									IMPORTANT A.H.B.T. - EXEMPT
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

Name of Code & Edition Building _____ Electrical _____ Plumbing _____ Fire Protection _____ Mechanical _____	Name of Code & Edition Energy _____ Barrier Free _____ Flood Hazard _____ As Built Elevation Cert. _____ Other _____
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X. CERTIFICATES ISSUED (office use only) ☐ Temporary Certificate of Occupancy ☐ Temporary Certificate of Compliance ☐ Continued Certificate of Occupancy ☐ Certificate of Compliance ☐ Certificate of Occupancy ☐ Certificate of Approval	DATE ISSUED _____ DATE EXPIRED _____ DATE REISSUED _____ DATE EXPIRED _____
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CONSTRUCTION PERMIT

Date Issued

10/25/96

Control #

Permit #

2757-96

IDENTIFICATION Block

607D

Lot

4

Work Site Location

22 Kennedy Mall

Contractor

Mark D. J. Jr. Sign

Owner in Fee

Linda B. J. Jr.

Address

5000

Tele. ()

Lic. No. or Bldrs. Reg. No.

Exp. Date

Tele. ()

Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER☐ ELECTRICAL ☐ FIRE PROTECTION☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

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 \$

850.00

U.C.C. Form F-170C

CONSTRUCTION OFFICIAL

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building 35-

Plumbing

Electrical

Fire Protection

Other

Other

DCA Training Fee 1-

Cert. of Occ.

Other 24.15-

Total 51-

Check No. # 11095

Cash

Collected By: J



BUILDING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

10/25/96
2757-96

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING

CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 670 Tangles Lot 4

Work Site Location 22 Kennedy St. Matt Brick.

Owner in Fee Lids Brown

Address 405 Steady Bldg + D

Tele. 908 367-5137

Contractor AME-D-Lite Sign Co

Address 1420 Rt 5 South Howell NJ 07731

Tele. 908 4602-8530

Lic. No. or Bids. Reg. No. 22-2239194 or Social Security No. _____

Federal Emp. No. _____

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 J. M. M. M.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Sign on building facade.
Sign on building facade.
Sign on building facade.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
			Type:	Failure	Approval
☐ No Plans Req.			Footings		
☒ All	11-20-96	AMB	Foundation		
☐ Footing			Slab		
☐ Foundation			Frame		
☐ Other			Insulation		
Joint Plan Review Required:			Finishes:		
☐ Elec. ☐ Plumb. ☐ Fire			Energy		
SUBCODE APPROVAL			Mechanical		
☐ CO ☐ CCO ☐ CA			TCO		
Date:			Other		
Approved By:			Final		

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class			1. New Bldg. \$
No. of Stories			2. Alteration \$
Height of Structure			3. Total (1+2) \$
Area—Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

Paid ☐ Check #	Administrative Surcharge
Collected by:	Minimum Fee
	DCA TRAINING FEE
	TOTAL FEE

TOWNSHIP OF BRICK
ZONING PERMIT

Date of Issue: 10/10/96 1996 - 1485
Block 670 Lot 4 Zone B-3, H.D.

Property Address: 22 Kennedy Mall

Owner: Kennedy Mall; Tangles (Phone): 920-6776

Applicant: Lidia Brown (Phone): 367-5137

Use: Hair Salon

Proposed Construction (if any): _____

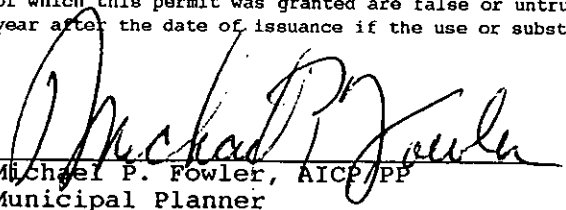
Replace wall sign 18 square feet changing name from

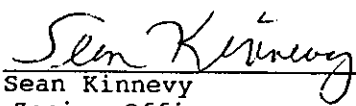
"Total Image" to "Tangles".

Conditions: _____

Please note that a Construction Permit, as well as a Zoning Permit, must be obtained prior to any construction. You will be notified by the Division of Inspections to pick up and pay for your entire Construction Permit.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which 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



LINDSTROM & DIESSNER ASSOCIATES, P.C.
Engineers • Surveyors • Planners
P.O. Box 579
BRICK, NEW JERSEY 08723

LETTER OF TRANSMITTAL

(908) 477-8900
FAX (908) 477-8026

TO Mark-O-Lite Sign Co.

1420 Route 9 South

Howell, NJ 07731

DATE 10/18/96	JOB NO. 96191
ATTENTION	
RE: Lot 4 Blk 670 Brick Twp. 22 Kennedy Mall	

WE ARE SENDING YOU ☐ Attached ☐ Under separate cover via _____ the following items:

- ☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
1	10/18/96	96553	Invoice
4	10/18/96		Sign Details

THESE ARE TRANSMITTED as checked below:

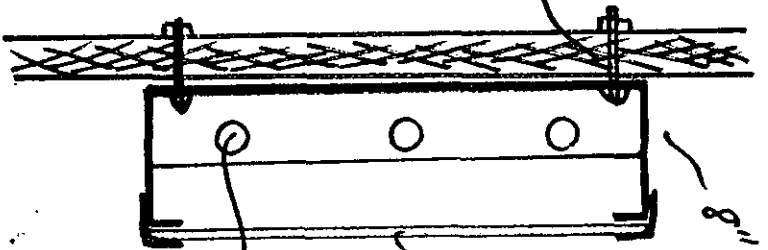
- ☐ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval
☐ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution
☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints
☐ For review and comment ☐ _____
☐ FOR BIDS DUE _____ 19 _____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS

COPY TO 2 Prints to BTBD.

SIGNED: Charles E. Lindstrom, P.E.

SIGN ATTACHED TO
 FACADE USING $\frac{3}{8}$ " x
 6" BOLTS INTO BLDG.
 FRAME (MIN. 8)



8" DEEP GALV. BRONZE
 ALUMINUM FRAME, 060. G.A.
 WITH AN ALL-WELDED
 INTERIOR STAINLESS
 FRAME OF $1\frac{1}{2}$ " x $1\frac{1}{2}$ " x $\frac{3}{16}$ "
 POLY-IRON.

$\frac{3}{16}$ " THICK ACRYLIC FACING
 WITH VINYL GRAPHICS.

SIGN INTERIOR LIT USING
 3-ROWS OF HIGH-OUTPUT
 FLUORESCENT LIGHTING
 EQUIPMENT.