BLOCK 670 C4-604 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) 2770 Hooper Ave - 31 PERMIT NO. 98-3787

RECEIVED
1998

DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: MAJESTIC RACE WAY 477-7040
2. Name of Owner in Fee: MONA ELLIOTT Tel. ( ) [redacted]
   Address 2770 Hooper Ave - unit #31 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Block Buster Imaging Tel. (732) 477-7040
   Address 532 Jackson Ave -
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-3488470 - FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work Locks
   Tel. (732) 477-7040 FAX ( ) _____

SIGN

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 48		
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 2BB	$15		
13. TOTAL	$ 64		

NO FEE REQUIRED

APPROVED BY KT DATE 8/25/98

PUBLIC

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. Construction Classification	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes / no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☒ Minor Work Sign	$1400				8-21-98	FH			
2. ☐ New Building		Resubmit 8/3							
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		Fax	8/13/98		8/19/98	JL			
TOTAL COSTS	1400								

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. ☐ 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

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 1
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

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

LDS BR 10207547 V

U.C.C. F100-1 (rev. 3/96)

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 [signature]

Address 2715 Hooper Ave

Brick

Telephone ( ) 477-7040

Signature _____

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			
Building		Energy		Other	
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.				

MAJESTIC RACEWAY

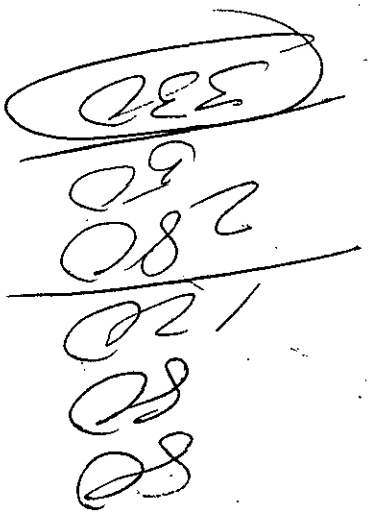
FRONTAGE =

QUICKIE

(3X16)

Lot - Block

ADDRESS -



TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 10/29/98
Control #
Permit # 98-3787

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 670 Lot 4 Qual

Work Site Location 2770 HOOPER AVE UNIT 31
SIGN
Owner in Fee ELLIOT, MONA
Address 2770 HOOPER AVE
BRICK, NJ -
Telephone (732)477-7040

Contractor BLOCK BUSTER IMAGING
Address 532 JACKSON AVE
BRICK, NJ 08723-
Telephone (732)262-3323
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3488470

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:
SIGN UNIT 31 MAJESTIC RACE WAY

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 $ 1,400

J. Cummings/ bs
Construction Official

10/29/98
Date

PAYMENTS (Office Use Only)

Building	48
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occupancy	0
Other 2PH	15
Total	64 49
Check No.	
Cash	X
Collected By	CS

U.C.C. F170 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/04/98
Date Issued 10/29/98
Control # C4-670
Permit # 98-3787

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

Block 670 Lot 4 Qual
Work Site Location 2770 HOOPER AVE UNIT 31
SIGN
Owner in Fee ELLIOT, HONA
Address 2770 HOOPER AVE
BRICK, NJ -
Tele.(732)477-7040
Contractor BLOCK BUSTER IMAGING
Address 532 JACKSON AVE
BRICK, NJ 08723-
Tele.(732)262-3323 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3488470

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req		
[X] All	8/21/98	FW
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed B
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 $ 1,400
3. Total (1+2)$ 1,400

Industrialized Building:
[ ] State Approved
[ ] HUD

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

SIGN UNIT 31 MAJESTIC RACE WAY

Per Zoning Permit (36x192")

TYPE OF WORK

		FEE (Office Use Only)
[ ] New Building		$ 0
[ ] Addition		0
[X] Alteration		0
[ ] Roofing		0
[ ] Siding		0
[ ] Fence 0	Height (exceeds 6')	0
[X] Sign 48	Sq. Ft.	48
[ ] Pool		0
[ ] Asbestos Abatement Subchapter 8		0
[ ] Lead Haz. Abatement NJAC 5:17		0
[ ] Other		0
Other		0
[ ] Demolition		0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 48
DCA Training Fee	$ 1

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/04/98
Date Issued 10/29/98
Control # C4-670
Permit # 98-3787

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

Block 670 Lot 4 Qual
Work Site Location 2770 HOOPER AVE UNIT 31
SIGN
Owner in Fee ELLIOT, NONA
Address 2770 HOOPER AVE
BRICK, NJ -
Tele.(732)477-7040
Contractor BLOCK BUSTER IMAGING
Address 532 JACKSON AVE
BRICK, NJ 08723-
Tele.(732)262-3323 Fax ( )
Lic. No. or Hldrs. Reg. No.
Federal Emp. No. 22-3488470

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req		
[X] All	8/21/98	KP
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed B
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 $ 1,400
3. Total (1+2)$ 1,400

Industrialized Building:
[ ] State Approved
[ ] HUD

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

SIGN UNIT 31 MAJESTIC RACE WAY

Per Zoning Permit (36x192")

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[X] Sign 48 Sq. Ft.	48
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 48
DCA Training Fee	$ 1

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: August 6, 1998 1998 - 1328

Block 670 Lot 4 Zone B-3, H.D.

Property Address: 2770 Hooper Avenue, Kennedy Mall

Owner: Mona Elliott (Phone): (732) 477-7040

Applicant: Louis Patetta (Phone): Same

Existing Use: Majestic Raceway (Unit 31).

Proposed Use: Majestic Raceway (Unit 31).

Proposed Construction (if any): 36" by 192" wall sign, "Majestic Raceway Slot Cars", 48 square feet.

Conditions: Total sign area must not exceed 15% of total facade area.

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

TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

BLOCK 670 LOT 4

PROPERTY ADDRESS 2770 Hooper Ave unit 31

NAME OF OWNER Mona Elliot OWNER'S PHONE ( ) 477-704

NAME OF APPLICANT Block Buster Imaging Inc. - Louis Vafette

APPLICANT'S COMPLETE ADDRESS 532 Jackson Ave Brick -

APPLICANT'S PHONE NUMBER (732) 477-2040 APPLICANT'S BUSINESS NAME _____

PRESENT USE OF PROPERTY (check one)

☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment

☒ Commercial (please describe) Majestic Raceway

☐ Other (please describe) _____

PROPOSED USE OF PROPERTY (check one)

☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment

☐ Commercial (please describe) _____

☐ Other (please describe) _____

PROPOSED CONSTRUCTION SIGN 36 X 192

All Dimensions _____ W _____ L _____ Ht

Deck or Garage ☐ Attached ☐ Detached

Fence Type _____ Ht _____

4809 Ct

CHECKLIST:

☐ All information completed above

☐ Two (2) accurate Survey / Plot Plans containing:

- ☐ all existing and proposed structures
- ☐ all dimensions of lot and structures
- ☐ set backs to all property lines
- ☐ all streets and waterways shown

☐ If approved by Planning Board or Board of Adjustments, include copy of resolution

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

Signature of Applicant _____ Date 6/4/98

Reviewed by Zoning Officer Date 8/6/98 ☒ Approved ☐ Rejected

COMMERCIAL

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 670 LOT 4 SITE ADDRESS 272 Hooper Ave
TYPE OF SITE Residential / (Commercial) TYPE OF BUSINESS Store

APPLICANT Louis Portella PHONE NUMBER 477-7040
APPLICANT ADDRESS 2715 Hooper Ave CITY & STATE Toms River NJ
PERMIT # NAME OF BUSINESS Hooper Food Mart

INCLUSIONARY DEVELOPMENT

◊ Affordable
- Fee Required _____ Date _____
- Down Payment _____ Date _____
- Balance _____ Date _____
- Paid In Full _____ Date _____

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

X Commercial is .01 %

Estimated Assessment $ 0 Date 8-11-15

Estimated Required Fee $ 0

Required Deposit on Estimate $ _____ Date _____

Check # _____ Receipt # _____

Actual Assessment $ _____ Date _____

Actual Required Fee $ _____

Minus Deposit of Estimate $ _____

Balance Due $ _____ Date _____

Check # _____ Receipt # _____

Amount Paid In Full $ _____

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

NO FEE REQUIRED

Carol A. Wolfe
Affordable Housing Administrator

APPROVED BY CW DATE 8-13-15

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

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

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 5-17-98

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 670 LOT 4 SITE ADDRESS 2710 Hwy 88

TYPE OF SITE Commercial TYPE OF BUSINESS [illegible]
(Residential/Commercial)

APPLICANT [illegible] CITY & STATE Brick NJ

☒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

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

Department of Administration & Finance
Division of Inspections
Joseph Curiazza
Construction Official
(732) 262-1024
Fax (732) 262-8954
http://www.gbshost.com/brick

July 23, 1998

Mona Elliot
532 Jackson Ave

Brick, N.J. 08723

On June 4, 1998, a permit application was submitted for SIGN however, the information supplied was incorrect or we need additional information to process. A call was made to correct this problem, but we have not had any response. If the information is not supplied within 14 days of this letter, we will consider the application null and void and will be filed appropriately for a period of six (6) months. If you have any questions or concerns, please contact me at 732-262-1025

Application is incomplete, no approvals given.

Sincerely,

Tina Lines
Sr. Account Clerk

_____ Approval

J. Curiazza
Construction Code Official

TOWNSHIP OF BRICK

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

Department of Engineering
Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.gbshost.com/brick

DATE 6/4/98

Municipal Engineer
401 Chambers Bridge Road
Brick, New Jersey 08723

RE: Block 670 Lot 4

Dear Sir:

I, Louis Patella (Name) of 532 Jackson Ave Brick (Address)
request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B. The property (please circle one) is / is not located in a flood zone.

COMMERCIAL

Respectfully yours,

Applicant's Signature

477-7040
Phone #

1. **Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.**

2. **Proof that the property is not located in a Flood Hazard Area.**

NOTE: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

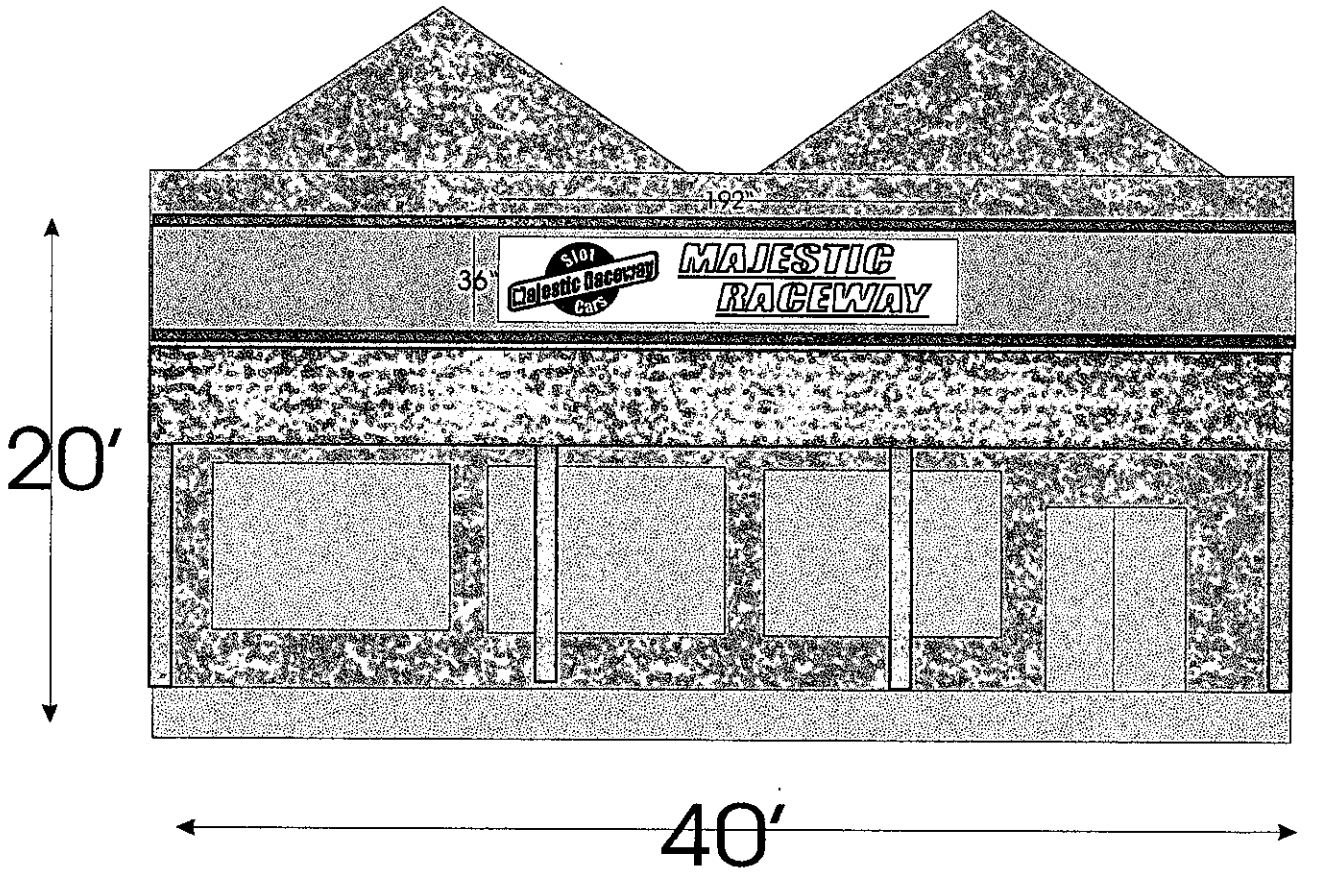
Approved X Date 8/13/98 BY

Rejected Date BY

REMARKS:

BLOCK BUSTER IMAGING INC.

=== SIGNS===
ADVERTISING
PROMOTIONAL DISPLAYS
BRICK N.J. 08723
1-732-477-7040



THERE IS OVER 800 SQUARE FEET ON THE FRONT OF UNIT 31 IN THE KENNEDY MALL

THE SQUARE FEET OF THE SIGNS = 48 SQ. FT.

BLOCK 670 LOT 4 SITE LOCATION 2770 - Hooper ave unit 31

OWNER IN FEE: ADDRESS:

BUILDING INSPECTION

Contractor Block Buster moving

Address 2770 Hooper ave Phone ( ) 477-2040

Town Brick State N.J. Zip

LIC # 22-3488470 FEDERAL EMP. NO.(or SSN#)

ESTIMATED COST OF BUILDING WORK

NEW BUILDING (1) $ ALTERATION (2) $ 1400 —

ADDITION (3) $ TOTAL (1+2+3) $

BUILDING CHARACTERISTICS

ADDITION or SINGLE FAMILY DWELLING

USE GROUP	PRESENT	PROPOSED
CONSTRUCTION CLASS	PRESENT	PROPOSED
NO. OF STORIES	HT. OF STRUCTURE	FT.
AREA: LARGEST FLOOR		SQ. FT.
TOTAL BLDG. AREA: ALL FLOORS		SQ. FT.
VOLUME OF STRUCTURE		CU. FT.
TOTAL LAND AREA DISTURBED		SQ. FT.

TYPE OF WORK

TYPE OF WORK		COST	MISC.		COST
NEW BLDG.			FENCE Ht.		
ADDITION			SIGN Sq. Ft. 48		
ALTERATION			POOL		
ROOFING			ASBESTOS ABATEMENT		
SIDING			DCA		
DEMOLITION			TOTAL		

DESCRIPTION OF WORK

COMMENTS

Plan Review:
Date : Approved By:

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.

SEAL &
SIGNATURE

PLUMBING INSPECTION

Contractor

Address Phone ( )

Town State Zip

LIC # FEDERAL EMP. NO. (or SSN#)

ESTIMATED COST OF PLUMBING WORK: $

Sewer Size Water Size

TECHNICAL SITE DATA (List all Fixtures)

NO.	FIXTURE/EQUIPMENT	NO.	FIXTURE/EQUIPMENT
	Water Closet		Steam Boiler
	Urinal / Bidet		Hot Water Boiler
	Bath Tub		Sewer Pump
	Lavatory		Interceptor/Separator
	Shower		Backflow Preventer
	Floor Drain		Grease Trap
	Sink		Water Cooled A/C
	Dishwasher		or Refrigeration Unit
	Drinking Fountain		Sewer Connection
	Washing Machine		Water Service Connection
	Hose Bibb		Active Solar System
	Water Heater		Other
	Fuel Oil Piping		Other
	Gas Piping		Other

DESCRIPTION OF WORK

COMMENTS

Plan Review:
Date: Approved by:

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.

SEAL &
SIGNATURE (Contractor's Seal)

FIRE INSPECTION

Contractor

Address Phone ( )

Town State Zip

LIC # FEDERAL EMP. NO. (or SSN#)

ESTIMATED COST OF FIRE PROT. WORK: $

Heating Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar

Heating System: ☐ New ☐ Existing

Location of Furnace / Boiler

TECHNICAL SITE DATA (Description of Work)

WATER SUPPLY SOURCE

METHOD OF VALVE SUPERVISION

LOCAL ALARM SUPERVISION

CENTRAL SUPERVISION

PROPRIETARY SUPERVISION

Flammable Liquid Storage Tanks	☐ Capacity	Fue
Combustible Liquid Storage Tanks	☐ Capacity	Fue
L.P.G. Storage Tanks	☐ Capacity	Fue
L.N.G. Storage Tanks	☐ Capacity	Fue

NO.	ITEM	NO.	ITEM
	Wet Sprinkler Heads		Pre-Engineered Sys
	Dry Sprinkler Heads		CO_2 Suppression
	TOTAL		Halon Suppressior
			Foam Suppression
	Smoke Detectors		Dry Chemical
	Heat Detectors		Wet Chemical
	TOTAL		Gas or Oil Fired A
			Other
	Stand Pipes		
	Kitchen Hood Exhaust System		

DESCRIPTION OF WORK

COMMENTS

Plan Review:
Date: Approved by:

CERTIFICATION IN LIEU OF OATH

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SEAL &
SIGNATURE (Contractor's Seal)