

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 03/05/2004
Control #
Permit # 04-0666

UCC NEW JERSEY
CONSTRUCTION
PERMITE

IDENTIFICATION Block 1149 Lot 1 Bas1 _____

Work Site Location 135-167 VAN ZILE RD - SYLVAN CTR

Owner in Fee BRICK PLAZA ASSOC

Address 600 OLD COUNTRY RD

Telephone (516)393-9000

Contractor VATES SIGN CO INC

Address 556 INDUSTRIAL WAY N

Telephone ()

Lic. No. of Dir. Reg. No. _____

Federal Emp. No. 21-0718184

Is hereby granted permission to perform the following work:

[X] BUILDING [] PLUMBING [] LEAD HAZARD ABATEMENT

[] ELECTRICAL [] FIRE PROTECTION [] DEMOLITION

[] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [] OTHER _____

(Subchapter 8 only)

DESCRIPTION OF WORK:
30X12 CABINET 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 \$ 1,000

[Signature]
Construction Official

03/05/2004

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

Date

PAYMENTS (Office Use Only)

Building 35

Electrical 0

Plumbing 0

Fire Protection 0

Elevator Devices 0

Other _____

DCA State Permit Fee 1

Cert. of Occupancy 0

Other 2P

Total 36

Check No. 4473

Cash _____

Collected By MIR

#0666 BUILDING \$35.00
DCA \$1.00
ZPA \$15.00
CHECK \$51.00

03/05/04 12:35PM 0000000#7346
#X02 SERV.002

YATES SIGN CO., INC.
556 Industrial Way West
Eatontown, NJ 07724
(732) 578-1818 • FAX (732) 578-1808



**BUILDING
SUBCODE
TECHNICAL SECTION**

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

Block 119 Lot 1

Work Site Location Sylvan Learning Center
8111 Plaza View, Newark

Owner In Fee 8111 Plaza Associates

Address 600 Old Country Rd. Suite 415
Garwood City N.J. 11530

Telephone (516) 393-8460

Contractor YATES SIGN CO INC

Address 556 Industrial Way West
Eatontown NJ 07724

Telephone (732) 578-1818 Fax (732) 578-1808

Lic. No. or Bldgs. Reg. No.

Federal Emp. No. 21-0718184

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Required

☒ All 3-30-11

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

Dates (Month/Day)

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

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Date Received
Date Issued
Control #
Permit #

3-504
04-0606

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

Paul P. Pappalardo

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

1-30"X12" cabinet sign

11'00"

FEE (Office Use Only)

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Administrative Surcharge

Minimum Fee

DCA Training Fee

TOTAL FEE

1 White = Inspector Copy

3 Pink = Office Copy

2 Canary = Office Copy

4 Gold = Applicant Copy

U.C.C. F110

(rev. 3/98)

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 Kates Sign Co

Address 556 INDUSTRIAL Way, West

Eaton town NJ. 07724

Telephone (732) 578-1818

Signature Pat Pesape

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

**Township of Brick
Zoning Permit**

Approved:

Monday, March 01, 2004

Number:

167

Block

1149

Lot

1

Zone:

B-3, Highway Dev.

Property Address:

173 Van Zile Road; Aldi Plaza

Applicant:

Pat Pespane; Yates Sign Company

Property Owner

Brick Plaza Associates

Existing Use:

Sylvan Learning Center

Proposed Use:

Sylvan Learning Center

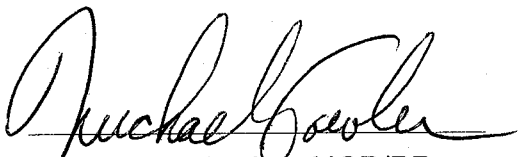
Proposed Construction:

Wall sign, 30" x 12', "Sylvan Learning Center".

Conditions:

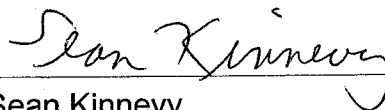
The total sign area may not exceed 15% of the total façade area.
The street address number must be displayed on the door or wall.

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.



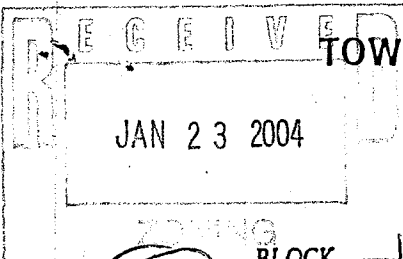
Michael P. Fowler, AICP/PP

Municipal Planner



Sean Kinnevy

Zoning Officer



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.

RESUBMIT
FEB 2/2/4 2004

BLOCK 1149 LOT 1 QUALIFIER _____
PROPERTY ADDRESS Brick Plaza ~~135-167 Van Zile Rd~~
PERSONAL NAME OF APPLICANT ~~Vates Sign Co~~ Pat Pesapane
BUSINESS NAME OF APPLICANT ~~Sylvan Learning Center~~ Vates Sign Co.
MAILING ADDRESS OF APPLICANT _____
PROPERTY OWNER'S FULL NAME Brick Plaza Associates

PRESENT USE OF PROPERTY (check all that apply)

FEB 19 2004

- ☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) Sylvan Learning Center

PROPOSED USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) Sylvan Learning Center

PROPOSED CONSTRUCTION (check all that apply)

MAR 1 2004

- ☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☐ Alteration _____
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☒ Other (please describe) Sign 30" x 12' illum cab. sign.

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 Pat Pesapane Date 1-9-04

Reviewed by Zoning Office JK Date 1-23-4 (X) Approved () Denied

March 2003

JK 2/10/4
JK 2/23/4
JK 3/1/4