[redacted]

BLOCK 1149 LOT 1 QUALIFICATION CODE ______ ADDRESS (SITE) ______ PERMIT NO. 04-3775

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

C49-01

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

called 1/5/04 [initials]

Received 8/13/04

COMMERCIAL

I. IDENTIFICATION

1. Propsed Work Site at: 149 VAN ZILE RD
2. Name of Owner in Fee: BRICKTOWN PLAZA ASS Tel. (516) 393-9000
   Address 600 OLD COUNTY RD (street) GARDEN CITY (municipality) NY 11530 (zip code)
3. Ownership in Fee: Public ______ Private ______
4. Principal Contractor: BEST DESIGN WINDOWS Tel. (732) 280-0050
   Address 821 BELMAR PLAZA BELMAR
   License No. OR, if new home, Builder Reg. No. ______ Exp. Date ______
   Federal Employee No. 223343377 FAX (732) 280-9162
5. Architect or Engineer ______ Tel. ( ) ______
   Address ______
6. Responsible Person in Charge of Work DAN PAONE
   Tel. (732) 280-0050 FAX (732) 280-9162

8/13/04 SIGN

BOX SIGN

Best Design Windows

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 40		
2.	Electrical	35		
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee			
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other	30		
13.	TOTAL	$ 105		

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

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
		(OPTIONAL (for office use only))							
		JB	11-24-03		1-5-03	FW	12-7-03		
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☒ Electrical					121003	[initials]			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		Cw	12/8/03		12/8/03				
TOTAL COSTS									

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 ______
After Construction ______
Net Gain or Loss ______

B. NON-RESIDENTIAL

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

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

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 11/24/2003
Date Issued 9/2/04
Control # C49-01
Permit # 04-3775

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

Block 1149 Lot 1 Qual
Work Site Location 149 VAN ZILE RD - BEST WINDOW SIGN
Owner in Fee BRICK PLAZA ASSOC
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Tele.(516)393-9000
Contractor BEST DESIGN
Address 1607 MAIN ST.
BELMAR, NJ
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3343377

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

SIGN

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	8/04	FM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12-7-07
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
~~Other~~ Final				
BarrierFree			12/7/07	

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 $ 100
3. Total (1+2) $ 100

Industrialized Building:
[ ] State Approved
[ ] HUD

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 40 Sq. Ft.	40
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 40
DCA State Permit Fee	$ 0

U.C.C. F110 (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 BEST DESIGN WINDOWS

Address 821 BELMAR PLAZA

BELMAR NJ 07719

Telephone (732) 280-0059

Signature _____

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

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/02/2004
Control #
Permit # 04-3775

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 1149 Lot 1 Qual

Work Site Location 149 VAN ZILE RD - BEST WINDOW SIGN
Owner in Fee BRICK PLAZA ASSOC
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Telephone (516)393-6000

Contractor BEST DESIGN
Address 821 BELMAR PLAZA
BELMAR, NJ 07719-
Telephone (732)280-0050
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3248377

Is hereby granted permission to perform the following work:

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

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 $ 300

D. Duman Jr/jms
Construction Official

09/02/2004
Date

PAYMENTS (Office Use Only)

Building	40
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other ZPA	15
	15
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	X 105.00
Check No.	4141
Cash	
Collected By	JML

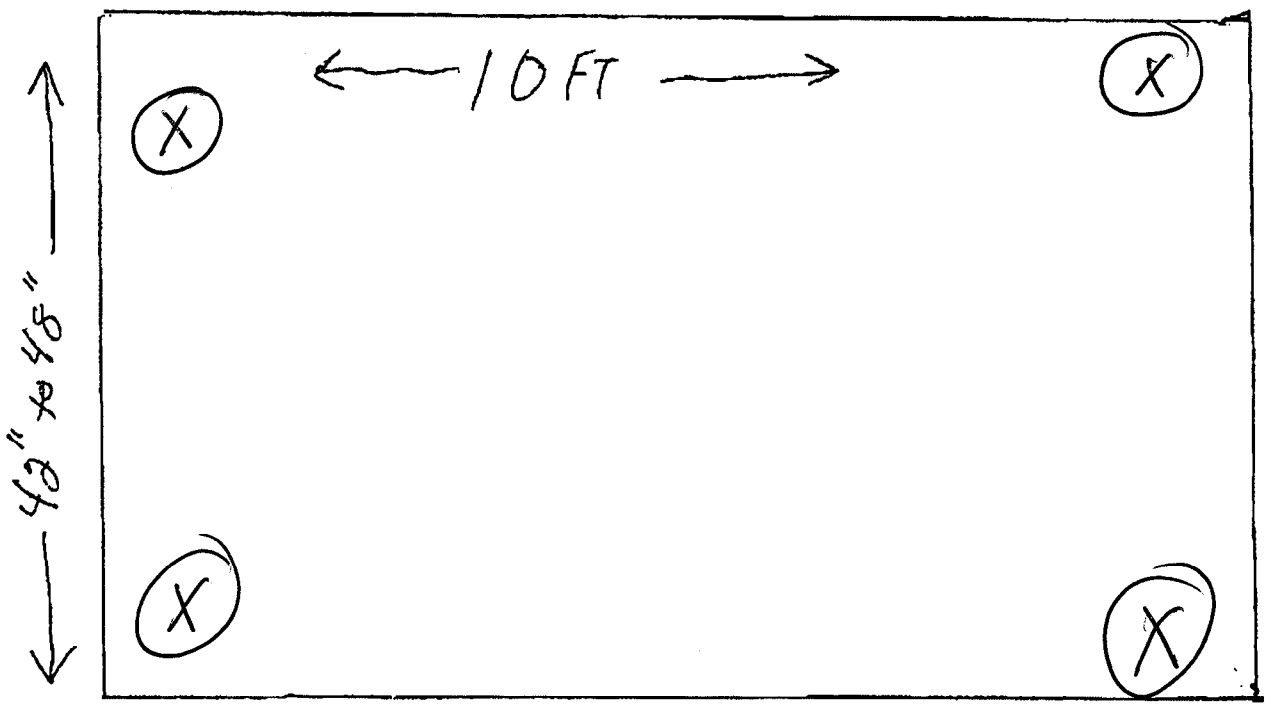
09/02/04 9:55AM 00155882423
XX07 SERV.007

#3775	
BUILDING	$40.00
ELECTRIC	$35.00
ZPA	$15.00
EPA	$15.00
CHECK	$105.00

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

732-280-9162
7329209624

PROPOSED SIGN FOR OUTSIDE FRONT ON UNIT 1149 FOR BEST DESIGN WINDOWS. SIGN IS A LIGHTED BOX SIGN DISPLAYING OUR NAME - PHONE NUMBER & WINDOWS - SIDING - DOORS SECURED WITH 3/8 BOLTS & NUT. WASHERS



Township of Brick
Zoning Permit

Approved: Thursday, December 04, 2003 **Number:** 2019

Block 1149 **Lot** 1 **Zone:** B-3, Highway Dev.

Property Address: 149 VanZile Road; Bricktown Plaza

Applicant: Dan Paone; Best Design Windows

Property Owner Bricktown Plaza Associates

Existing Use: Best Design Windows store.

Proposed Use: Best Design Windows store.

Proposed Construction: Wall sign box, 4' x 10', "Best Design Windows".

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

RECEIVED
DEC 3 2003
ZONING

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 1149 LOT 1 QUALIFIER

PROPERTY ADDRESS 149 VAN Zile

PERSONAL NAME OF APPLICANT DAN PAONE

BUSINESS NAME OF APPLICANT BEST DESIGN WINDOWS

MAILING ADDRESS OF APPLICANT [redacted]

PROPERTY OWNER'S FULL NAME BRICKTOWN PLAZA ASSOC.

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☑ Commercial (please describe) STORE

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☑ Commercial (please describe) BEST DESIGN WINDOWS

PROPOSED CONSTRUCTION (check all that apply)

☐ 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) BOX 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 [signature] Pres. Date 11/24/03

Reviewed by Zoning Office [signature] Date 12/4/3 (✓) Approved ( ) Denied

732-262-1702

March 2003

4X10 Box SIGN