BLOCK 1149 LOT 1 QUALIFICATION CODE C23-41 ADDRESS (SITE) _____ PERMIT NO. 00-1173

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

Sears Homelife

I. IDENTIFICATION

1. Propsed Work Site at: 136 VAN Zile Rd.
2. Name of Owner in Fee: Homelife Furniture Outlet Tel. (209) 365-6490
   Address 136 VAN Zile Rd. Brick Town
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Butler Sign Co. Tel. (973) 633-5257
   Address 130 Paterson Ave. Wayne NJ 07474
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-253-9777 FAX: (973) 633-7449
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work Brian Travers
   Tel. 973) 633-5757 FAX 973) 633-7449

4/13/00

Call Butler Signs

Sign

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 35		
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	1		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other	30		
13.	TOTAL	$ 101		

NO FEE REQUIRED

APPROVED BY KS DATE 3-30-00

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	

COMMERCIAL

II. PROPOSED WORK

		Est. Cost
1.	☐ Minor Work	
2.	☐ New Building	
3.	☐ Addition	
4.	☑ Alteration	800
5.	☐ Fire Protection	
6.	☐ Plumbing	
7.	☑ Electrical	250
8.	☐ Elevator Devices	
9.	☐ Asbestos Abat. Subch. 8	
10.	☐ Lead Hazard Abatement	
11.	☐ Demolition	
	TOTAL COSTS	1050

OPTIONAL (for office use only)

	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
	JRT	3/22/00						
	Eve	3/27/a		3/27/a	M			

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 0

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: B
3. Change in Use Group, Indicate Former:

U

AMENDED TO INCLUDE M.B.T.

LDS BR 10502197

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.

(X) Check if contractor.

Agent Name Butler Sign Co.

Address 130 Ryerson Ave.
Wayne N.J.

Telephone (973) 633-5757

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.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 04/17/2000
Control #
Permit # 00-1173

##0011## 0.00
1173## 0.00
BLOCK 1149 # 35.00
LOT 1 # 35.00
BUILDING 1.00
ELETRIC# 15.00
D.C.A. 15.00
ZONEPLOT 101.00
ENG P.R. 101.00
TOTAL 0.00
CHECK 10:09
CHANGE
04/17/00 NO. 5 0010A005

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 1149 Lot 1 Qual

Work Site Location 136 VAN ZILE RD-SEARS HOMELIF
SIGN
Owner in Fee HOMELIFE FURNITURE OUTLET
Address SAME
BRICK, NJ
Telephone (209)365-6490

Contractor BUTLER SIGN COMPANY
Address 130 RYERSON AVENUE
WAYNE, NJ 07470-
Telephone (201)633-5757
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2253977

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:
REPLACE BUILDING SIGN (LETTERS ONLY)

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 $ 1,050

Construction Official

04/17/2000
Date

PAYMENTS (Office Use Only)

Building	35
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occupancy	0
Other ZPEP	30
Total	101
Check No.	4058
Cash	
Collected By	SC

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 03/22/2000
Date Issued 4/11/00
Control # C23-41
Permit # 00-1173

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 136 VAN ZILE RD-SEARS HOMELIF
SIGN
Owner in Fee HOMELIFE FURNITURE OUTLET
Address SAME
BRICK, NJ -
Tele.(209)365-6490
Contractor BUTLER SIGN COMPANY
Address 130 RYERSON AVENUE
WAYNE, NJ 07470-
Tele.(201)633-5757 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2253977

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	4/12/00	
[ ] 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 B 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 $ 800
3. Total (1+2)$ 800

Industrialized Building:
[ ] State Approved
[ ] HUD

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

REPLACE BUILDING SIGN (LETTERS ONLY)

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 28 Sq. Ft.	28
[ ] 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	$ 7
TOTAL FEE	$ 35
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 03/22/2000
Date Issued 4/11/00
Control # C23-41
Permit # 00-1173

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 136 VAN ZILE RD-SEARS HOMELIF
SIGN
Owner in Fee HOMELIFE FURNITURE OUTLET
Address SAME
BRICK, NJ -
Tele.(209)365-6490
Contractor BUTLER SIGN COMPANY
Address 130 RYERSON AVENUE
WAYNE, NJ 07470-
Tele.(201)633-5757 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2253977

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

REPLACE BUILDING SIGN (LETTERS ONLY)

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	4/11/00	
[ ] 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 B 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 $ 800
3. Total (1+2)$ 800

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 28	Sq. Ft.	28
[ ] 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	$ 7
TOTAL FEE	$ 35
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
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 03/22/2000
Date Issued 4/17/00
Control # C23-41
Permit # 00-1173

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 136 VAN ZILE RD-SEARS HOMELIF
SIGN
Owner in Fee HOMELIFE FURNITURE OUTLET
Address SAME
BRICK, NJ -
Tele.(973)403-1539 Fax ( )
Contractor J & J ELECTRIC
Address 17 ROOSEVELT ST
ROSELAND, NJ 07068-
Tele.(973)403-1539
Lic. No. or Bldrs. Reg. No. 11006
Federal Emp. No. 22-3049506

B. ELECTRICAL CHARACTERISTICS

Use Group - Present B Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 250

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 4500
Approved By:

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

INSPECTIONS Type	Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

COMMERCIAL

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
3		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
3		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

Paid [ ] Check #
Collected by:

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	35
DCA Training Fee	$	0

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 03/22/2000
Date Issued 4/17/00
Control # C23-41
Permit # 00-1173

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 136 VAN ZILE RD-SEARS HOMELIF
SIGN
Owner in Fee HOMELIFE FURNITURE OUTLET
Address SAME
BRICK, NJ -
Tele.(973)403-1539 Fax ( )
Contractor J & J ELECTRIC
Address 17 ROOSEVELT ST
ROSELAND, NJ 07068-
Tele.(973)403-1539
Lic. No. or Bldrs. Reg. No. 11006
Federal Emp. No. 22-3049506

B. ELECTRICAL CHARACTERISTICS

Use Group - Present B Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 250

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 4/5/00
Approved By:

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

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
3		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
3		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 35
DCA Training Fee $ 0

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 03/22/2000
Date Issued 4/11/00
Control # C23-41
Permit # 00-1173

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 136 VAN SILK RD-SEARS HOMELIF
SIGN
Owner in Fee HOMELIFE FURNITURE OUTLET
Address SAME
BRICK, NJ -
Tele.(973)403-1539 Fax ( )
Contractor J & J ELECTRIC
Address 17 ROOSEVELT ST
ROSELAND, NJ 07068-
Tele.(973)403-1539
Lic. No. or Bldrs. Reg. No. 11006
Federal Emp. No. 22-3049506

B. ELECTRICAL CHARACTERISTICS

Use Group - Present B Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 250

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 4/6/00
Approved By:

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

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				1
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
3		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
3		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 35
	DCA Training Fee	$ 0

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
ZONING PERMIT

Permit Approved: March 24, 2000 **No.2000-0354**

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

Property Address: 136 Van Zile Road

Owner: Homelife Furniture

Applicant: Brian Travers **Phone**: 973-633-5757

Existing Use: Retail store

Proposed Use: Same

Proposed Construction:
Replace wall sign letter, 4' x 28', "Homelife Furniture Outlet"

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
MAR 23 2000
ZONING

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

BLOCK 1149 LOT 1

PROPERTY ADDRESS (number and street) 136 Van Zile Rd.

NAME OF PROPERTY OWNER Homlife Furniture Outlet

PERSONAL NAME OF APPLICANT Brian Travers

BUSINESS NAME OF APPLICANT Butler Sign Co.

MAILING ADDRESS OF APPLICANT 130 Ryerson Ave. Wayne N.J. 07474

TELEPHONE NUMBER OF APPLICANT 973-633-5757

PRESENT USE OF PROPERTY (check all that apply)
- ☐ Vacant Lot
- ☐ Single-family dwelling
- ☐ Multi-family dwelling
- ☒ Commercial (please describe) Retail

PROPOSED USE OF PROPERTY (check all that apply)
- ☐ Vacant Lot
- ☐ Single-family dwelling
- ☐ Multi-family dwelling
- ☒ Commercial (please describe) Retail

PROPOSED CONSTRUCTION (please describe, specifically additions)

Replace Building Letters (Sign)

All dimensions: 28' Width n/a Length 4' Height

All dimensions: _____ Width _____ Length _____ Height

All dimensions: _____ Width _____ Length _____ Height

Deck or Garage: _____ Attached _____ Detached _____ Height

Fence: _____ Style _____ Material _____ Height

COMMERCIAL

CHECKLIST:

- ☐ All information completed above
- ☐ Two (2) copies of the property survey map 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.

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 _____ Date 3-23-00

Reviewed by Zoning Officer _____ Date 3-24-00 (X) Approved ( ) Rejected

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1149 LOT 1 SITE ADDRESS 136 Van Zile Rd
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS Sign

APPLICANT Builder Sign Co PHONE NUMBER 973-[illegible]-0257
APPLICANT ADDRESS 136 Riverview Ave CITY & STATE
PERMIT # C23-41 NAME OF BUSINESS Sears Hometown Furniture
Unit

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 %

◊ Commercial is .01 %

Estimated Assessment $ Ø Date 3-29-00

Estimated Required Fee $ Ø

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 KT DATE 3-30-00

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

TOWNSHIP OF BRICK, OCEAN, N.J. 1850

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

CASE # ______________________

APPROVAL DATE: ______________________
(Planning Board/BOA)

DATE: 3-28-00

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1149 LOT 1 SITE ADDRESS 136 Van Zile Rd

TYPE OF SITE ______________ (Residential/Commercial) TYPE OF BUSINESS Sign [illegible] Furniture Outlet

APPLICANT [illegible] Sign Co. CITY & STATE Wayne 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:

$ [illegible]

[signature]
Frederick R. Millman, CTA, Tax Assessor

3/29/00
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

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: 136 VAN Zile Rd. Date Rec'd.:
Block: 1149 Lot: 1 Date Issued:
Owner in Fee: Homelife Furniture outlet Control #:
Address: 136 VAN Zile Rd. Permit #:
Brick Town
State: NJ Zip: Phone: ( )
SS #: Provide only if Applicant is owner

1

ELECTRICAL

CONTRACTOR: J&S Electric Ent. Inc
ADDRESS: 17 Roosevelt St
Roseland, N.J 07068
PHONE: 973-403-1539
LIC #: 11006 EXP DATE: 4/03
FEDERAL EMPL #: (or S.S. #): 22-3049506

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures	3	250watt
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Exact HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		
TOTAL NUMBERS		
Pool Permit w/UW Lights		
Storable Pool/Spa/Hot Tub		
KW Elec. Range / Receptacle		KW
KW Oven / Surface Unit		KW
KW Elec. Water Heater		KW
KW Elec. Dryer / Receptacle		KW
KW Dishwasher		KW
HP Garbage Disposal		HP
KW Central A/C Unit		KW
HP/KW Space Heater/Air Handler		HP/KW
KW Baseboard Heat		KW
HP Motors 1/+ HP		HP
KW Transformer/Generator		KW
AMP Service		AMP
AMP Subpanels		AMP
AMP Motor Control Center		AMP
AMP Elec. Sign/Outline Light		KW
Other		
Other		
Other		
Other		

Estimated Cost of Electrical Work: $ 250-
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☒

SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIDAVIT:

BUILDING SUBCODE

CONTRACTOR: Butler Sign Co.
ADDRESS: 130 Ryerson Ave
Wayne N.J.
PHONE: 973-633-5757
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #): 222-253-9777

TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Replace Building Sign (Letters only)

TYPE OF WORK

- ☐ New Building
- ☐ Addition ☐ Fence: Height (6' or More)
- ☐ Alteration ☐ Sign: Sq. Ft.
- ☐ Roofing ☐ Pool (In Ground)
- ☐ Siding ☐ Pool (Above Ground)
- ☒ Other: Signs ☐ Asbestos Abatement
- ☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature:

Estimated Cost of Building Work: 800-
New Building (1): $
Alteration (2): $
TOTAL (1+2): $ ~~250~~ 800-

SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date: