



Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

***This File Contains Personal Identifiable
Information of Private Citizen(s).***

Certain information contained in this file is ***Exempt from Release*** under the Open Public Records Act (OPRA) (Public Law 2001, CHAPTER 404 (N.J.S.A. 47:1A-1 et seq.)) and Executive Orders issued by the Governor of New Jersey. The following information ***MUST*** be redacted prior to release:

- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

A handwritten signature in black ink, appearing to read "Bryan J. Dickerson", is written over a horizontal line.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020



CONSTRUCTION PERMIT APPLICATION

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

C16-000931

I. IDENTIFICATION

1. Proposed Work Site at: 1930 Route 88, Brick Planet Fitness

2. Name of Owner in Fee: Centro NP Laurel SQ Owner LLC%Brixmor
 Tel. (856) 662-5286 e-mail julie.fox@brixmor.com
 Address PO Box 4900-Dept 124 Scottsdale, AZ 85261

3. Ownership in Fee: ^{street} Public ^{municipality} Private X ^{zip code}

4. Principal Contractor: Trademark Sign LLC Tel. (732) 288-1004
 Address 375 Faraday Ave e-mail info@trademarksignllc.com
Jackson, NJ 08527

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 452779494 FAX: (732) 481-2821

5. Architect or Engineer _____ Contact _____
 Address _____ e-mail _____
 Tel. _____ FAX: _____

6. Responsible Person in Charge once Work has Begun Thomas Menshouse
 Tel. (732) 288-1004 FAX: (732) 481-2821

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>200</u>		
2. Electrical	\$ <u>150</u>		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$ <u>7</u>		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>357</u>		

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. Max. Live Load _____

7. Max. Occupancy Load _____

8. If Industrialized Building: State Approved _____ HUD _____

9. Total Land Area Disturbed _____ sq. ft.

10. Flood Hazard Zone _____

11. Base Flood Elevation _____ ft.

12. Wetlands yes _____ no _____

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
- ☐ Repair ☐ Alteration ☒ Renovation ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☒ Building
- ☒ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
3,860	<u>AP</u>	<u>4/2/16</u>		<u>10/2/16</u>	<u>W</u>			
250	<u>3/3/16</u>			<u>3/18/16</u>	<u>PJC</u>			

TOTAL COST \$4,110

III. PLAN REVIEW (optional)

DO YOU WANT:

- ☐ Partial Releases

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
4. No. of dwelling units: Total Units Income-restricted
- Gained, Sale _____
- Gained, Rental _____
- Lost, Sale _____
- Lost, Rental _____

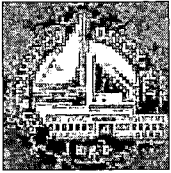
B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: Select Group Select Group
3. Change in Use Group, Indicate Present: _____

C. MIXED USE -List secondary use(s):

D. Construct. Classification: Present

Proposed _____



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 5/8/2020
Control Number C-16-000931
Permit Number 16-1097
Permit Issue Date 4/7/2016
Certificate Number 16-1097

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1930 ROUTE 88 PLANET FITNESS Brick Township, NJ Block: 1149 Lot: 5 Qual:
Owner in Fee: CENTRO NP LAUREL SQ OWNER LLC %
Owner Address: PO BOX 4900 - DEPT 124 SCOTTSDALE AZ 85261
Telephone: (856) 662-5286
Contractor: Trademark Sign LLC
Address: 375 FARADAY AVE JACKSON NJ 08527
Telephone: (732) 288-1004 Fax: Federal Emp. Number: 45-2779494
License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private
Use Group: A-3 Construction Classification:
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use:
SIGN INSTALLATION - - PLANET FITNESS ...FACADE SIGN

Certificate Comments:

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: \$0.00
Check Number: 1
Collected By:

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(f)1.ix:

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. 5:23-2.15(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.

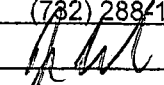
☒ Check if contractor.

Agent Name Thomas Menshouse

Address 375 Faraday Ave

Jackson, NJ 08527

Telephone (782) 288-1004

Signature 

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



ELECTRICAL 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 1149 Lot 5 Qualification Code _____

Work Site Location Planet Fitness @ Laurel Square
1930 Route 88, Brick, NJ 08724

Owner in Fee: Centro NP Laurel SQ Owner LLC % Brixmor

Tel. 856 662-5286 e-mail julie.fox@brixmor.com

Address PO Box 4900 - Dept 124 Scottsdale AZ 85261
street municipality zip code

Contractor: Coastal Electric Tel. (732) 920-3532

Address 17 Seville DR e-mail _____
Brick, NJ, 08723

Contractor License No. 4558 Exp. Date 03/31/2018

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 223459212 FAX: (732) 920-7659

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as Retail Utility Co. _____

Est. Cost of Elec. Work \$ 250

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)			
[] No Plans Required	Type:	Failure	Failure	Approval	Initial
[] Partial -Underslab Utilities Approved	Rough				
Date: _____ Approved by: _____	Barrier-Free				
[X] Electric Plans Approved	Trench				
Date: <u>3/18/16</u> Approved by: <u>PC</u>	Temp. Serv.				
Joint Plan Review Required:	Constr. Serv.				
[] Bldg. [] Plumb. [] Fire. [] Elev.	TCO				
SUBCODE APPROVAL for PERMIT	Other				
Date: <u>3/18/16</u>	Service				
Approved by: <u>PC</u>	Final				
SUBCODE APPROVAL for CERTIFICATE	Barrier-Free				
[] CO [] CCO [X] CA	Temp. Cut-in-Card Date Issued				
Date: <u>5/19/16</u>	Final Cut-in-Card Date Issued				
Approved by: <u>PC</u>	Annual Pool Inspection				
	Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent or) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: _____

Print name here: Thomas Hendriksen

[X] Licensed Elec. Contractor [] Certified Landscape Irrigation Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Connect new LED signage to existing sign circuit

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
<u>0</u>	_____	TOTAL NUMBERS	\$ _____
_____	_____	Pool Permit/with UW Lights	_____
_____	_____	Storable Pool/Spa/Hot Tub	_____
_____	_____	KW Elec. Range/Receptacle	_____
_____	_____	KW Oven/Surface Unit	_____
_____	_____	KW Elec. Water Heater	_____
_____	_____	KW Elec. Dryer/Receptacle	_____
_____	_____	KW Dishwasher	_____
_____	_____	HP Garbage Disposal	_____
_____	_____	KW Central A/C Unit	_____
_____	_____	HP/KW Space Heater/Air Handler	_____
_____	_____	KW Baseboard Heat	_____
_____	_____	HP Motors 1/+ HP	_____
_____	_____	KW Transformer/Generator	_____
_____	_____	AMP Service	_____
_____	_____	AMP Subpanels	_____
<u>4</u>	<u>2</u>	AMP Motor Control Center	_____
_____	_____	KW Elec. Sign/Outline Light	_____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #

4/7/16

Date Issued
Permit #

16-1097

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

Block 1149 Lot 5 Qualification Code _____

Work Site Location Planet Fitness at Laurel Square
1930 Route 88, Brick, NJ 08724

Owner in Fee: Centro NP Laurel SQ Owner LLC%Brixmor

Tel. (856) 662-5286 e-mail julie.fox@brixmor.com

Address PO Box 4900-Dept 124 Scottsdale, AZ 85261

Contractor: Trademark Sign LLC Tel. (732) 288-1004

Address 375 Faraday Ave e-mail info@trademarksignllc.com

Jackson, NJ 08527

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 452779494 FAX: (732) 481-2821

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
				Type:	Failure:	Failure	Approval
☐	No Plans Required						
☒	All	4/2/16	W	Footings			
☐	Footings/Foundations			Footings Bonding			
☐	Structural/Framework			Foundation			
☐	Exterior			Slab			
☐	Interior			Frame			
	Joint Plan Review Required:			Truss Sys./Bracing			
				Barrier-Free			
☐	Electrical			Insulation			
☐	Plumbing			Finishes -Base Layer			
☐	Fire			Finishes -Final			
☐	Elevator			Energy			
	SUBCODE APPROVAL for PERMIT	04/05/16	KAN	Mechanical			
	Approved by:			TCO			
	SUBCODE APPROVAL for CERTIFICATE	05/20/16	KAN	Other			
☐	CO			Final			
☐	CCO			Barrier-Free			
☒	CA						
	Approved by:						

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:

State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg.	\$	3,860
2. Rehabilitation	\$	3,860
3. Total (1+ 2)	\$	3,860

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.

Sign here: _____

Print name here: Tom Menshouse

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install internally LED illuminated storefront signage for Planet Fitness as per drawings.

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6')
- ☒ Sign _____ 282 _____ Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall _____ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



CONSTRUCTION PERMIT

Date Issued 4/17/16
Control # C-16-000931
Permit # _____

16 - 1097

IDENTIFICATION Block: 1149 Lot: 5 Qualifier _____
Work Site Location: 1930 ROUTE 88 PLANET FITNESS Brick Contractor Trademark Sign LLC
Township, NJ Address 375 FARADAY AVE JACKSON NJ 08527
Owner in Fee CENTRO NP LAUREL SQ OWNER LLC % Telephone: (732) 288-1004
PO BOX 4900 - DEPT 124 SCOTTSDALE AZ Lic. No. or Bldrs. Reg. No. _____
85261 Federal Employee No. 45-2779494
Telephone: (856) 662-5286

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

SIGN INSTALLATION - PLANET FITNESS ... FACADE 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 \$4,110

S. Newman
Construction Official

4/17/16
Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$200
Electrical	\$150
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$7
CO Fee	
Other	\$0
Total	\$357
Check No. <u>1630</u>	
Cash	\$0
Credit	\$0
Collected By <u>111</u>	

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:

- The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
- Foundations and all walls up to grade level prior to back filling.
- All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
- Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☒ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

RECEIVING CLERK

DATE REC'D

ZONING PERMIT APPLICATION

PERMIT #

DATE ISSUED

BLOCK:

LOT:

QUALIFIER:

SITE ADDRESS:

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Centrowp Laurel SQ Owner LLC/BrixmorCOMPLETE ADDRESS: PO Box 4900 - Dept 124
Scottsdale, AZ 85261PHONE # 602-834-7641 EMAIL: Julie.Fox@brixmor.com2. NAME OF APPLICANT: Trade Mark Sign LLCAPPLICANT ADDRESS: 375 Faraday Ave
Jackson, NJ 08527PHONE # 732-288-1004 EMAIL: info@trademarksignllc.com3. RESPONSIBLE PERSON FOR WORK: Thomas MenhousePHONE # 732-288-1004 FAX # 732-481-28214. SIGNATURE OF APPLICANT: [Signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: \$

OTHER: \$

TOTAL: \$

REQUIRED BY APPLICANT

RESIDENTIAL: —COMMERCIAL: ✓EXISTING USE: Planet FitnessPROPOSED USE: Planet FitnessBOARD APPROVAL: — PB — ZBRESOLUTION#: —APPROVAL DATE: —

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: — *ADDITION — *ALTERATION Sign *PORCH — *DECK —POOL: ABOVE GROUND — IN GROUND — FENCE: HEIGHT — TYPE — MATERIAL —HEIGHT: — (*IF APPLICABLE)OTHER Storefront is 17.25' H x 152' LDESCRIPTION: Install Storefront Facade Signage for Planet Fitness

ZONING REVIEW:

DATE REVIEWED: 2-10-16DATE DENIED: —DATE APPROVED: 3-10-16INITIALS: cu

(SEE BACK PAGE)



Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued: _____
Application Number: ZA-16-00307
Application Date: 03/08/2016
Project Number: _____
Permit Number: _____
Fee: \$50

Zoning Permit

Worksite **1930 ROUTE 88**
Location: **Brick Township, NJ 08724**

Block: **1149**
Lot: **5**
Qualifier: _____
Zone: **B-3**

Owner: **CENTRO NP LAUREL SQ OWNER LLC %**
Address: **PO BOX 4900 - DEPT 124**
SCOTTSDALE, NJ 85261

Applicant: **Trade Mark Sign, LLC**
Address: **375 Faraday Avenue**
Jackson, NJ 08527

Application Approved Date: 03/10/2016

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Fitness Center (Planet Fitness)

Nonconforming Use is: _____

Work Description:

Sign - Install storefront facade signage for "planet fitness" 127' sq. ft. "the judgement free zone" 130 sq. ft. planet fitness 25' sq. ft.

The sign area shall not exceed a maximum 15% of the first floor building facade.

Additional Zoning permit is required for additional work and signage.

Upon review it was determined that the Zoning Permit:

- ☒ Permitted by Ordinance
☐ Permitted by Variance approved on: _____
☐ Valid Nonconforming Use is established by
 ☐ Zoning Board of Adjustment
 ☐ Zoning Officer



Christopher J. Romano, Assistant Zoning Officer

03/10/2016
Date



Sean Kinnevy, Zoning Officer

3/14/16
Date

Zoning Review
Approval

By: AS Sigra
Date: 3-10-16



planet fitness

Planet Fitness Brick, NJ

WORK PACKAGE READY FOR APPROVAL 02/23/2016

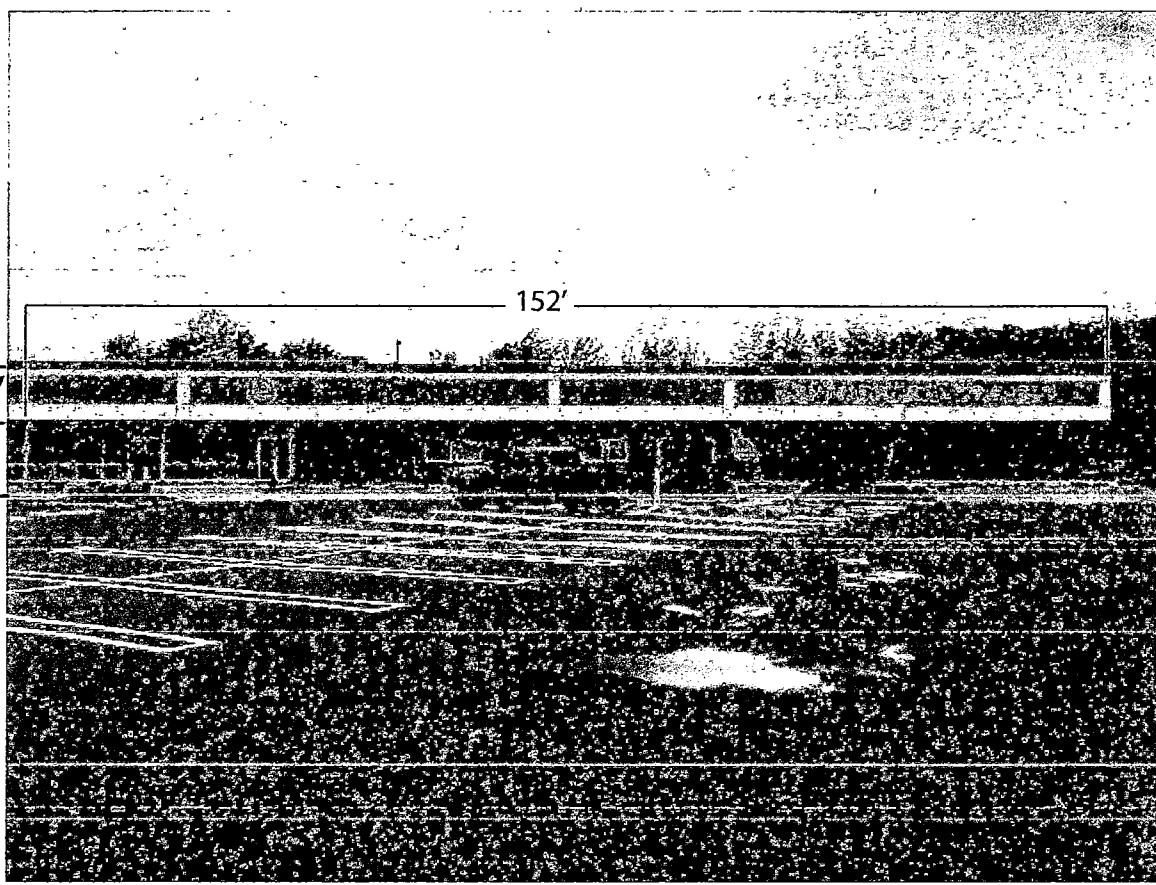


7.25'

87"

10'

152'

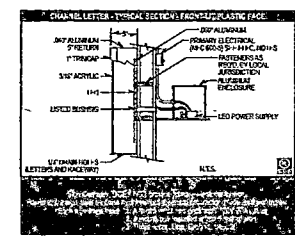


55"



60"

Total SQ' 25



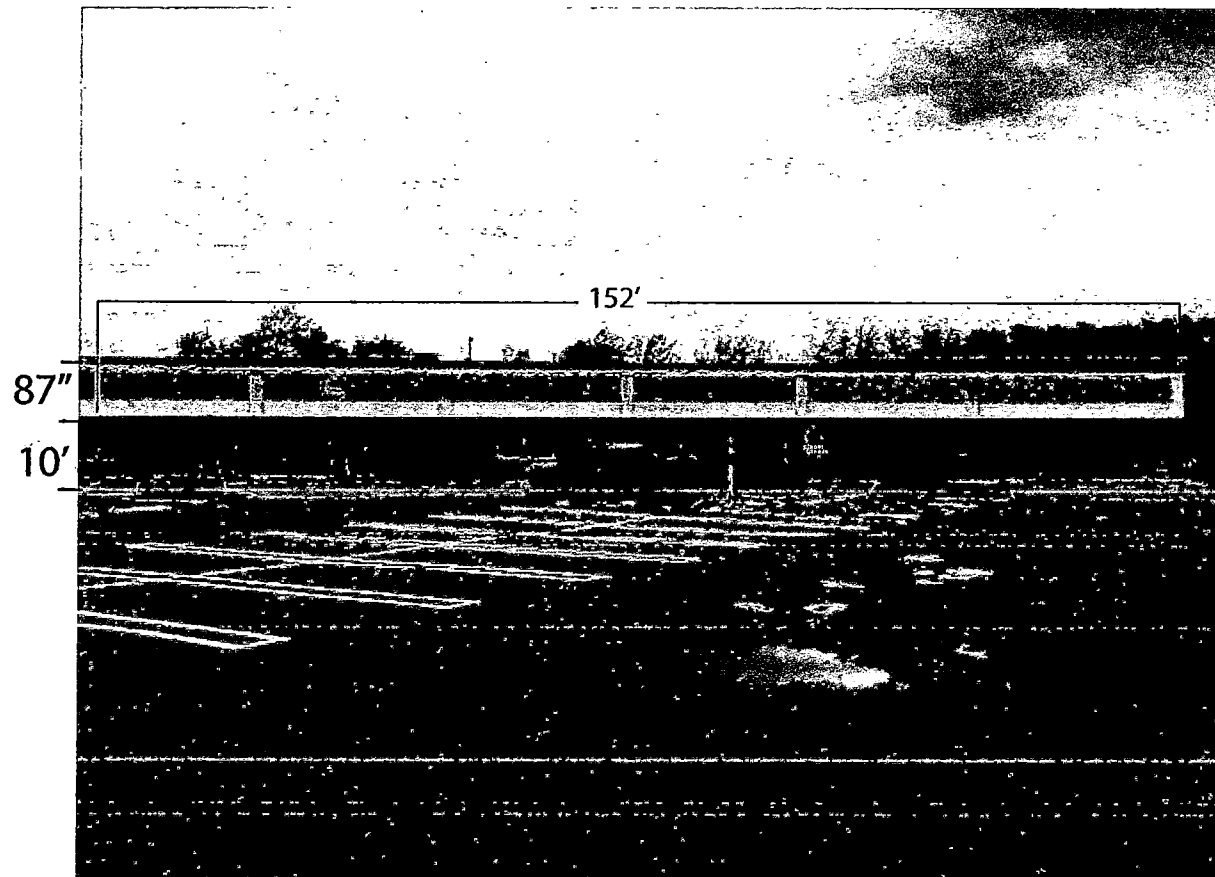
SALES • SERVICE • INSTALL • SURVEY • PERMITS

T.M.S.

BUCKET TRUCK & CRANE SERVICE UP TO 100'

375 Faraday Ave Jackson, NJ 08527

Client Name: Fit to be tied Location: Planet fitness Rt 88 Brick, NJ	Start Date: 02/23/2016 Last Revision: 02/23/2016 Job#: 160133 Drawing#: 160133 Page: 3 of 3	- Client Approval - Landlord Approval	Sales Rep: Tom M Designer: Sue C  
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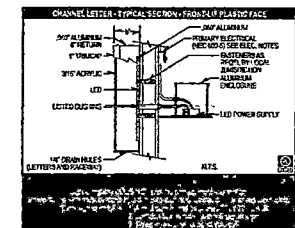


52'

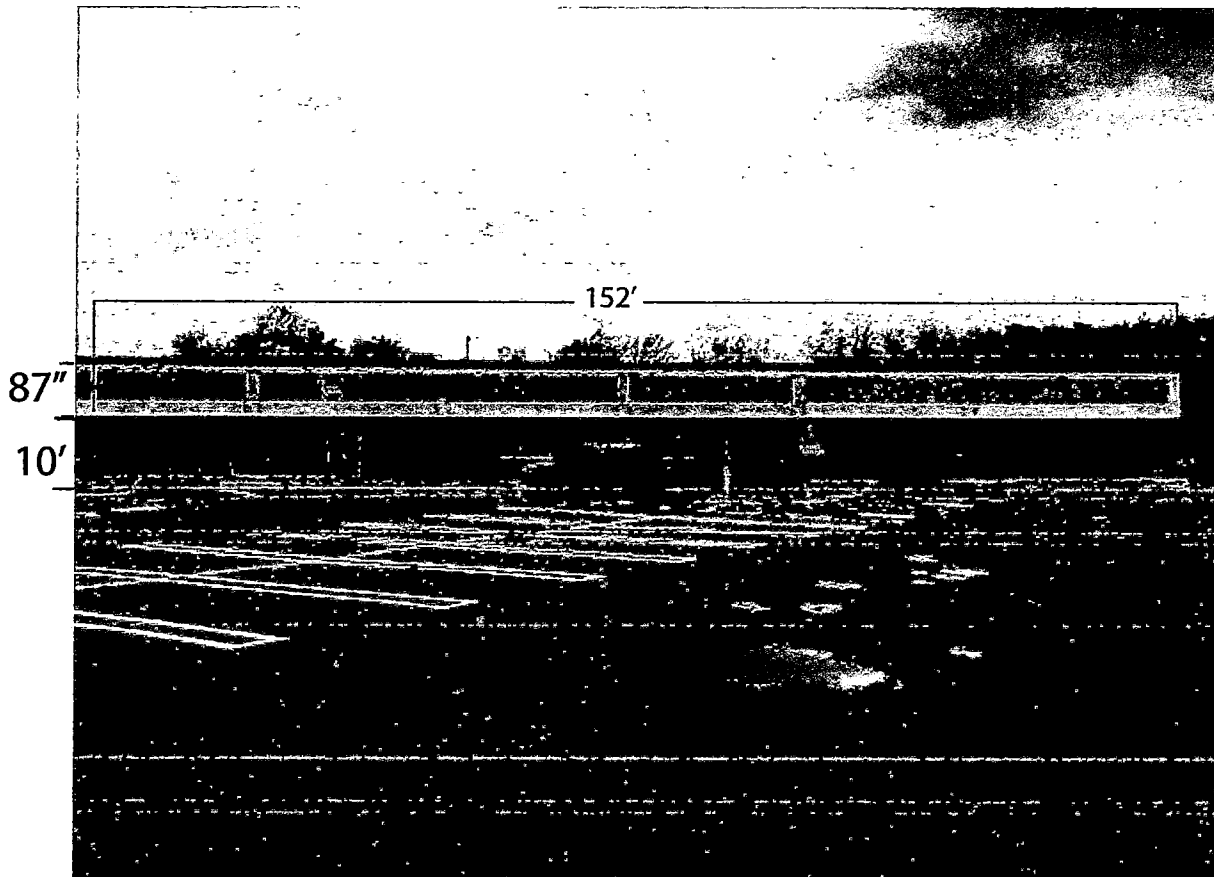
the judgement free zone

31"

Total SQ' 130



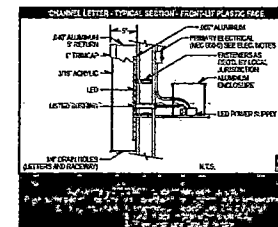
Client Name: Fit to be tied Location: Planet fitness Rt 88 Brick, NJ	Start Date: 02/23/2016 Last Revision: 02/23/2016 Job#: 160133 Drawing#: 160133 Page: 2 of 3	- Client Approval - Landlord Approval	Sales Rep: Tom M Designer: Sue C  
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37' **planet fitness**

111 sq'

Total SQ' 127

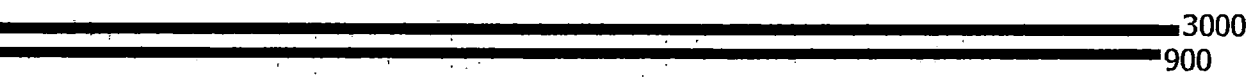


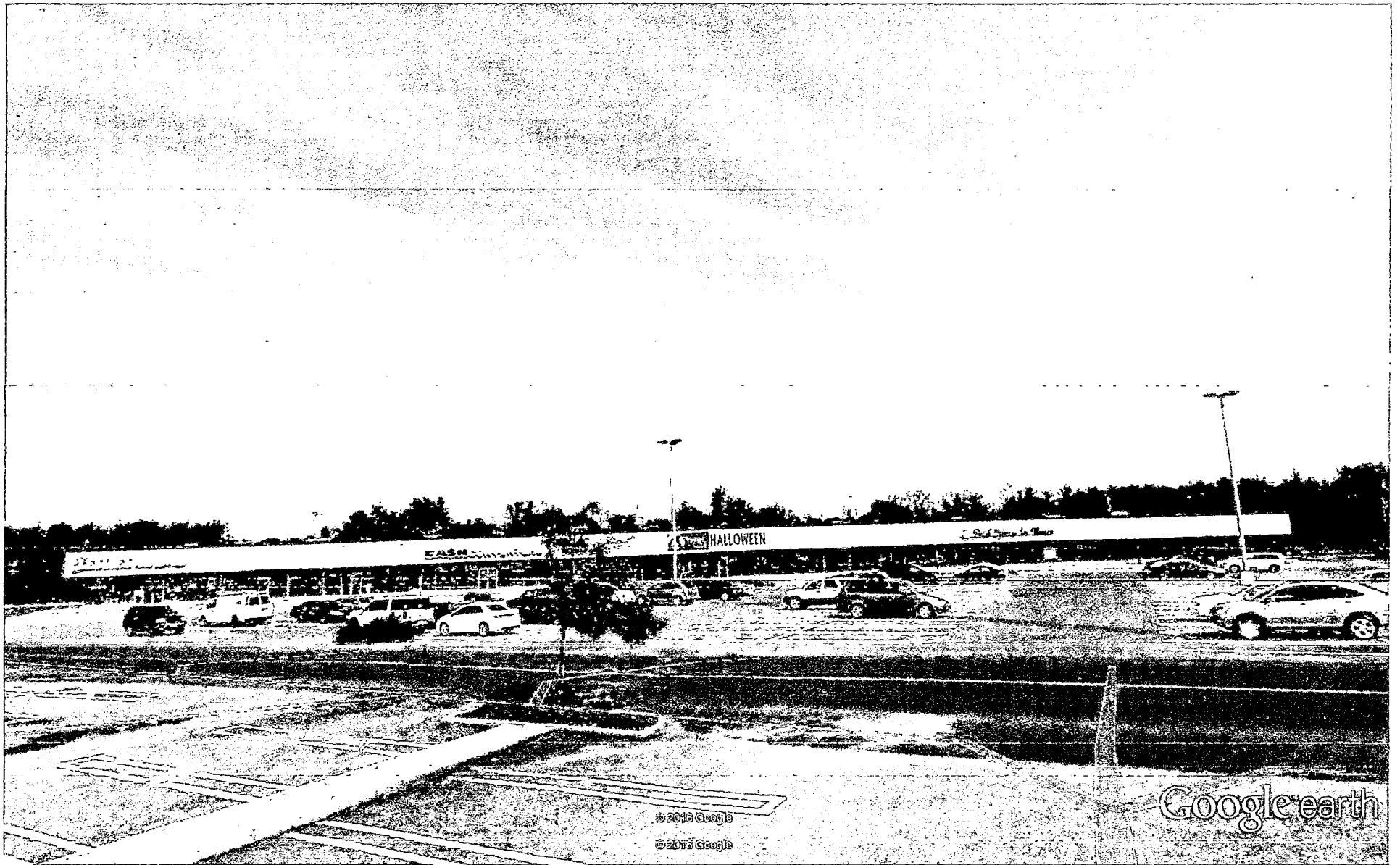
Client Name: Fit to be tied Location: Planet fitness Rt 88 Brick, NJ	Start Date: 02/23/2016 Last Revision: 02/23/2016 Job#: 160133 Drawing#: 160133 Page: 1 of 3	- Client Approval - Landlord Approval	Sales Rep: Tom M Designer: Sue C  
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Google earth

feet
meters





© 2013 Google

© 2013 Google

Google earth

Google earth

feet
meters

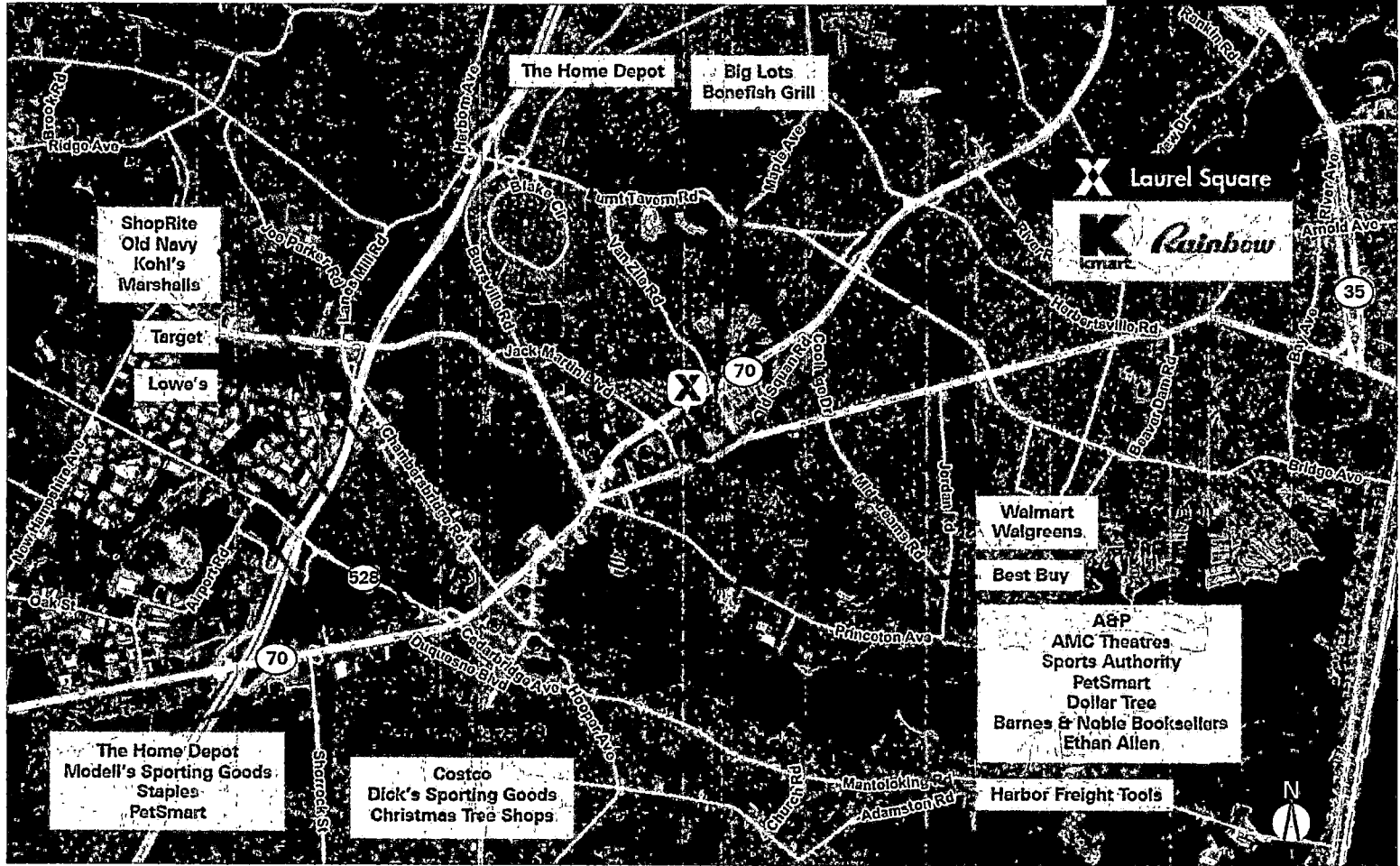


Laurel Square

1930 Route 88 | Brick, NJ 08724

40.07388661, -74.11828728

Grocer Opportunity



Center Size: 246,235 SF

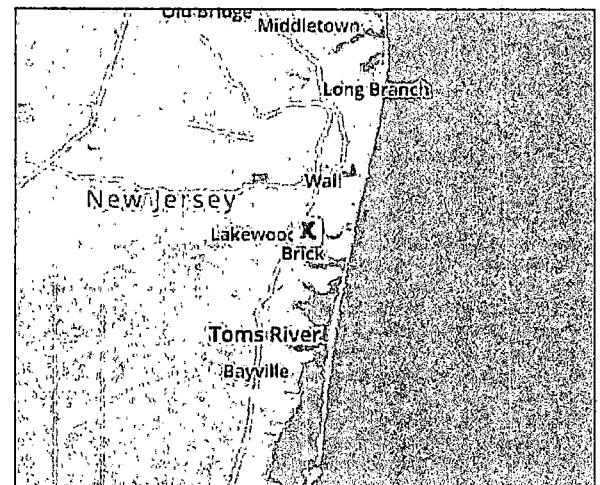
1079

	1 Mile	3 Mile	5 Mile
Population	9,542	81,895	176,333
Households	3,849	31,531	65,709
Average HH Income	\$81,963	\$85,805	\$86,453

Located in densely populated area of 82,000+ with average household income of \$84,000+ within 3 miles

Convenient accessibility from Route 70 and Route 88

Neighborhood center dual-anchored by Pathmark and Kmart, drawing significant daily traffic



Julie Fox

610.834.7641

julie.fox@brixmor.com

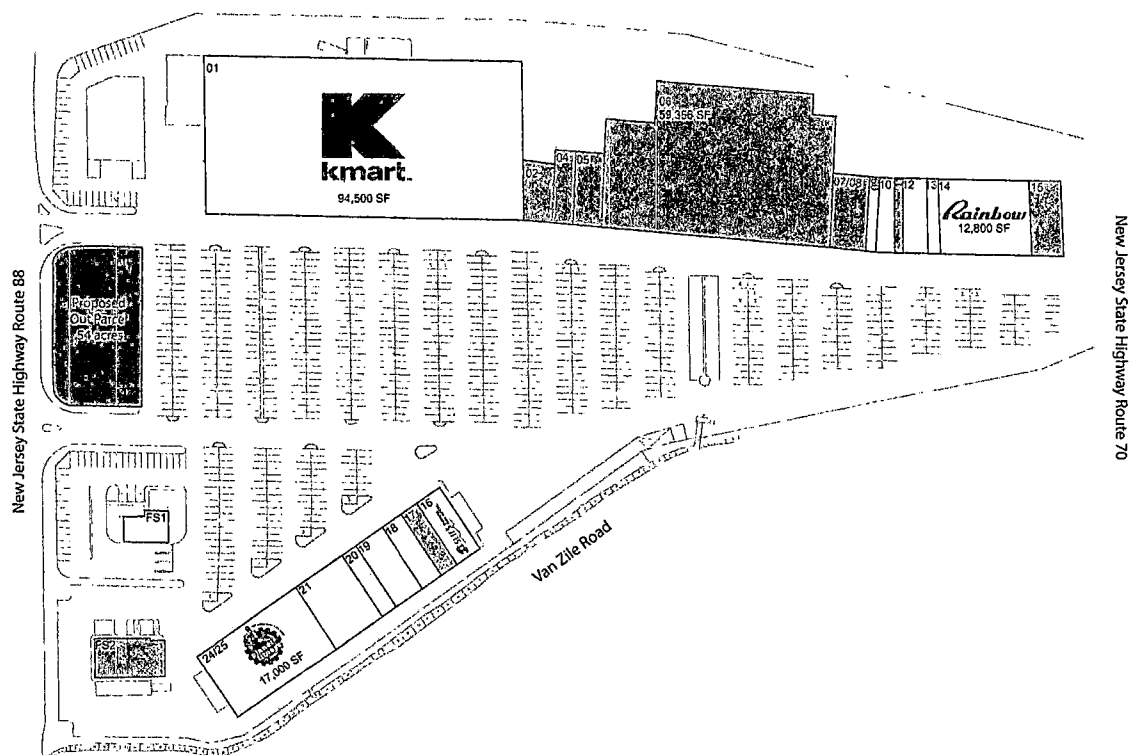
Brixmor.com

BRIXMOR®

Laurel Square

1930 Route 88 | Brick, NJ 08724

40.07388661, -74.11828728

**Center Size:** 246,235 SF

1079

Available Space

FS2	5,000 SF	07/08	5,200 SF
02	3,450 SF	11	1,300 SF
04	3,000 SF	15	4,500 SF
05	4,000 SF	17	2,700 SF
06	59,356 SF		

Current Retailers

FS1	The Provident Bank	2,275 SF
01	Kmart	94,500 SF
09	Nail Salon	1,514 SF
10	The Scone Shop	2,240 SF
12	Photo Center	3,500 SF
13	Odyssey Hair Salon	1,600 SF
14	Rainbow	12,800 SF
16	Leslie's Swimming Pool Supplies	4,000 SF
18	Ballroom Dance Center	3,300 SF
19	Cash Converters	4,600 SF
20	Image Sun Tanning	2,400 SF
21	Nick Catone's Mixed Martial Arts	8,000 SF
24/25	Planet Fitness	17,000 SF

Julie Fox

610.834.7641

julie.fox@brixmor.com

Brixmor.com

BRIXMOR®

This site plan indicates the general layout of the shopping center and is not a warranty, representation, or agreement on the part of the landlord that the shopping center will be exactly as depicted herein.

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 1149 LOT: 5 ADDRESS: Planet Fitness 1930 Route 88**IDENTIFICATION:**

1. WORK SITE ADDRESS: Planet
1930 Route 88 - Fitness
2. NAME OF OWNER IN FEE: Centro WP Laurel SQ Owner LLC?
Bixmor
ADDRESS: PO Box 4900 - Dept 124 PHONE #: (60) 834-7641
Scottsdale AZ 85261 FAX #: ()
3. PRINCIPAL CONTRACTOR: Trade Mark Sign LLC
ADDRESS: 375 Faraday Ave PHONE #: (732) 288-1004
Jackson NJ 08527 FAX #: (732) 481-2821
4. ARCHITECT OR ENGINEER: Murdoch Engineering
ADDRESS: 2 Hummingbird Ct, Howell PHONE: # (973) 570-8215
5. RESPONSIBLE PERSON FOR WORK: Thomas Menhouse
ADDRESS: 375 Faraday Ave, Jackson, NJ 08527
PHONE #: (732) 288-1004 FAX #: (732) 481-2821 E-MAIL: info@trademarksignllc.com

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING
☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL
☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____
☒ OTHER Install LED Illuminated Signage as per drawings
LENGTH: _____ WIDTH: _____ HEIGHT: _____

FEE SUMMARY:

APPLICATION FEE: \$ _____
REVIEW FEE: \$ _____
INSPECTION FEE: \$ _____
OTHER _____: \$ _____
BOND(S): \$ _____
TOTAL: \$ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____
DRAINAGE EASEMENTS: _____
UTILITY EASEMENTS: _____
CONSERVATION EASEMENTS: _____
FEMA REQUIREMENTS: _____
D.E.P. PERMITS: _____
BOARD APPROVAL: ☐ PB ☐ ZB
APPLICATION NUMBER: _____
APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____

Zoning Review
Approval

By: cu

Date: 3-10-16

sign



planet fitness

Planet Fitness Brick, NJ

WORK PACKAGE READY FOR APPROVAL 02/23/2016

TOWNSHIP OF BRICK

RELEASED FOR PERMIT

INITIAL

DATE

Building Subcode

Plumbing Subcode

Fire Subcode

Electrical Subcode

Plan Reviewer

Plans Released

Construction Official

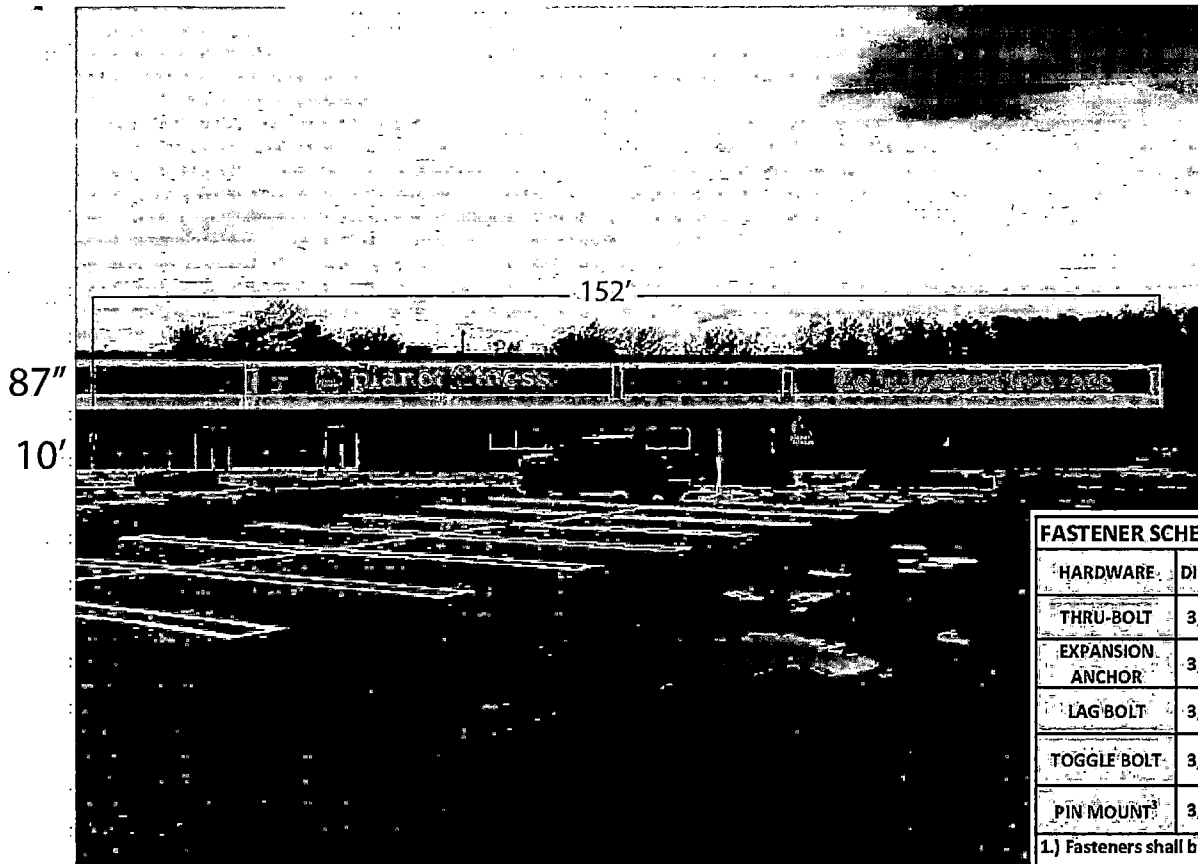
4-2-16 W

PSC 3/18/16

Office Set

FILE COPY





Designed per IBC - 2015 NJ Edition
Snow Loads:
 Ground Snow Load.....Pg-25 psf
 Snow Exposure Factor...Ce=1.0
 Snow Load Importance...Is=1.1
 Thermal Factor.....Ct=1.0

Wind Loads:
 Ultimate Design Wind Speed.....122 mph
 Nominal Design Wind Speed.....95 mph
 Risk Category.....II
 (3-sec peak gust MPH)
 Wind Importance Factor...1=1.15
 Wind Exposure.....C
 Gust Factor.....0.85

Exterior Components designed in accordance with applicable provisions of the ASCE 7-10

Engineers Connection Note:

- Provide Four(4) 3/8" Diam. Fasteners per/Letter, through letter backs with washers, using the fastener schedule for existing wall construction type to determine the proper fastener type to install.
- LOGO: Provide Five(5) evenly spaced around perimeter.

FASTENER SCHEDULE			WALL CONSTRUCTION			
HARDWARE	DIAM.	QTY. Per letter*	MASONRY (CMU-Block)	EIFS/DRYVIT OVER min. 1/2" PLYWOOD	EIFS/DRYVIT OVER GYPSUM/DENSGLOSS	METAL PANEL OVER METAL STUD
THRU-BOLT	3/8"	per/Note	YES	YES	ONLY WITH BACKER (MIN. 3/4" PLYWOOD)	YES
EXPANSION ANCHOR	3/8"	per/Note	YES ²	NO	NO	NO
LAG BOLT	3/8"	per/Note	NO	1" SOLID WOOD PENETRATION REQ'D	NO	NO
TOGGLE BOLT	3/8"	per/Note	IF THROUGH BLOCK FACE	YES	ONLY WITH MIN. 3/4" PLYWOOD BACKER	YES
PIN MOUNT	3/8"	per/Note	YES	YES	ONLY WITH MIN. 3/4" PLYWOOD BACKER	NO

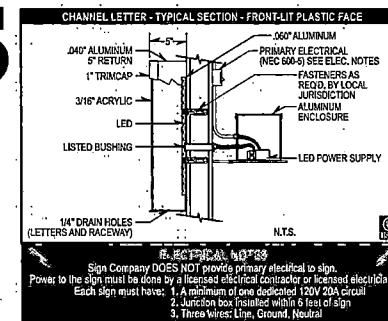
1.) Fasteners shall be evenly spaced, top and bottom.

2.) Expansion anchors require a minimum 3-1/2" embedment

3.) Pin mounts shall embed a min of 2-1/2" and be secured with epoxy adhesive - Plywood w/Washers and Nuts



Total SQ' 127



Murdoch Engineering
 2 Hummingbird Ct.
 Howell, NJ 07731
 (973)-570-8215

Jere Murdoch 3/1/16
 Jere Murdoch, P.E.
 Professional Engineer
 NJ P.E. License #48980



Client Name: Fit to be tied Location: Planet fitness Rt 88 Brick, NJ	Start Date: 02/23/2016 Last Revision: 02/23/2016 Job#: 160133 Drawing#: 160133 Page: 1 of 3	Client Approval Landlord Approval	Sales Rep: Tom M Designer: Sue C
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Designed per IBC - 2015 NJ Edition
Snow Loads:
 Ground Snow Load.....Pg-25 psf
 Snow Exposure Factor...Ce=1.0
 Snow Load Importance...Is=1.1
 Thermal Factor.....Ct=1.0

Wind Loads:
 Ultimate Design Wind Speed.....122 mph
 Nominal Design Wind Speed.....95 mph
 Risk Category.....II
 (3-sec peak gust MPH*)
 Wind Importance Factor...I=1.15
 Wind Exposure.....C
 Gust Factor.....0.85

Exterior Components designed in
 accordance with applicable provisions
 of the ASCE 7-10

Engineers Connection Note:

- Provide Four(4) 3/8" Diam. Fasteners per/Letter, through
 letter backs with washers, using the fastener schedule for
 existing wall construction type to determine the proper
 fastener type to install.

FASTENER SCHEDULE			WALL CONSTRUCTION			
HARDWARE	DIAM.	QTY. Per letter*	MASONRY (CMU-Block)	EIFS/DRYVIT OVER min. 1/2" PLYWOOD	EIFS/DRYVIT OVER GYPSUM/ DENSGLASS	METAL PANEL OVER METAL STUD
THRU-BOLT	3/8"	per/Note	YES	YES	ONLY WITH BACKER (MIN. 3/4" PLYWOOD)	YES
EXPANSION ANCHOR	3/8"	per/Note	YES ²	NO	NO	NO
LAG BOLT	3/8"	per/Note	NO	1" SOLID WOOD PENETRATION REQ'D	NO	NO
TOGGLE BOLT	3/8"	per/Note	IF THROUGH BLOCK FACE	YES	ONLY WITH MIN. 3/4" PLYWOOD BACKER	YES
PIN MOUNT ³	3/8"	per/Note	YES	YES	ONLY WITH MIN. 3/4" PLYWOOD BACKER	NO

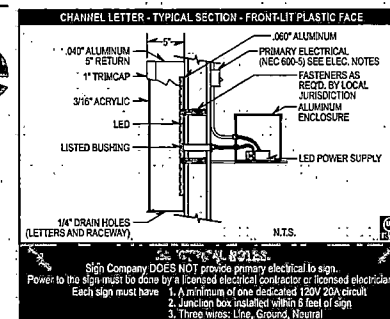
1.) Fasteners shall be evenly spaced, top and bottom.

2.) Expansion anchors require a minimum 3-1/2" embedment

3.) Pin mounts shall embed a min of 2-1/2" and be secured with epoxy adhesive - Plywood w/Washers and Nuts

the judgement free zone

Total SQ' 130



Murdoch Engineering
 2 Hummingbird Ct.
 Howell, NJ 07731
 (973)-570-8215

Sue Murdoch 3/1/16
 Sue Murdoch, P.E.
 Professional Engineer
 NJ P.E. License #48980



Client Name:
 Fit to be tied

Location:
 Planet fitness Rt 88
 Brick, NJ

Start Date: 02/23/2016
Last Revision: 02/23/2016
Job#: 160133
Drawing#: 160133
Page: 2 of 3

Client Approval

Landlord Approval

Sales Rep:
 Tom M
Designer:
 Sue C





60"

Total SQ' 25



Designed per IBC - 2015 NJ Edition
Snow Loads:
 Ground Snow Load.....Pg-25 psf
 Snow Exposure Factor...Ce=1.0
 Snow Load Importance...Is=1.1
 Thermal Factor.....Ct=1.0

Wind Loads:
 Ultimate Design Wind Speed.....122 mph
 Nominal Design Wind Speed.....95 mph
 Risk Category.....II
 (3-sec peak gust MPH*)
 Wind Importance Factor...I=1.15
 Wind Exposure.....C
 Gust Factor.....0.85

Exterior Components designed in accordance with applicable provisions of the ASCE 7-10

Engineers Connection Note:

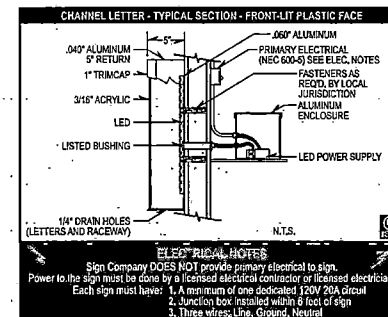
Provide Six(6) 3/8" Diam. Fasteners evenly spaced around the perimeter of sign box, using the fastener schedule for existing wall construction type to determine the proper fastener type to install through logo back with washers.

FASTENER SCHEDULE			WALL CONSTRUCTION			
HARDWARE	DIAM.	QTY. Per letter*	MASONRY (CMU-Block)	EIFS/DRYVIT OVER min. 1/2" PLYWOOD	EIFS/DRYVIT OVER GYPSUM / DENSGLOSS	METAL PANEL OVER METAL STUD
THRU-BOLT	3/8"	per/Note	YES	YES	ONLY WITH BACKER (MIN. 3/4" PLYWOOD)	YES
EXPANSION ANCHOR	3/8"	per/Note	YES ²	NO	NO	NO
LAG BOLT	3/8"	per/Note	NO	1" SOLID WOOD PENETRATION REQ'D	NO	NO
TOGGLE BOLT	3/8"	per/Note	IF THROUGH BLOCK FACE	YES	ONLY WITH MIN. 3/4" PLYWOOD BACKER	YES
PIN MOUNT ³	3/8"	per/Note	YES	YES	ONLY WITH MIN. 3/4" PLYWOOD BACKER	NO

1.) Fasteners shall be evenly spaced, top and bottom.

2.) Expansion anchors require a minimum 3-1/2" embedment

3.) Pin mounts shall embed a min of 2-1/2" and be secured with epoxy adhesive - Plywood w/Washers and Nuts.



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 Howell, NJ 07731
 (973)-570-8215

Jerre Murdoch 3/11/16
 Jerre Murdoch, P.E.
 Professional Engineer
 NJ P.E. License #48980

Client Name: Fit to be tied Location: Planet fitness Rt 88 Brick, NJ	Start Date: 02/23/2016 Last Revision: 02/23/2016 Job#: 160133 Drawing#: 160133 Page: 3 of 3	_____ Client Approval _____ Landlord Approval	Sales Rep: Tom M Designer: Sue C
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