



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".

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020



CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I,II,II (optional), IV, VI, and VII C-14-002956

I. IDENTIFICATION

1. Proposed Work Site at: 1930 Route 98
 2. Name of Owner in Fee: CENTRO NP LABEL SQ LLC
 Tel. (132) 262 4000 e-mail _____
 Address: PO BOX 4900 SCOTTSDALE AZ
 street municipality zip code
 3. Ownership in Fee: Public _____ Private ☒
 4. Principal Contractor: L+H Sigs Tel. (609) 502-3171
 Address 425 N. 3rd St Reading PA 19601 e-mail _____
 License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
 Federal Emp. ID No. 23-2792502 Fax (_____) _____
 5. Architect or Engineer _____ Contact _____
 Address _____ e-mail _____
 Tel. (_____) _____ FAX (_____) _____
 6. Responsible Person in Charge once Work has Begun DAVE BAKER
 Tel (609) 502-3171 FAX (_____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>200</u>	☒	
2. Electrical	<u>75</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>9-</u>		
10. Subtotal	\$ _____		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>284</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	Re-viewer
<u>5000</u>				<u>08/07/14</u>	<u>HEH</u>		
<u>600</u>			<u>8/2/14</u>		<u>TK</u>	<u>8/20/14</u>	<u>TO</u>
	<u>Em</u>	<u>8/1/14</u>		<u>8/4/14</u>	<u>MSM/A</u>		

TOTAL COSTS \$5600

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
 10. ☐ Swimming Pools, Spas and Hot Tubs
 11. ☐ LP Gas Tanks

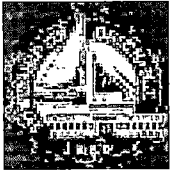
VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
 2. Use Group, Proposed: _____
 3. Change in Use Group, Indicate Former: _____
 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: _____
 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 6/1/2020
Control Number C-14-002956
Permit Number 14-2870
Permit Issue Date 8/28/2014
Certificate Number 14-2870

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1930 ROUTE 88 Brick Township, NJ Block: 1149 Lot: 5 Qual: _____
Owner in Fee: CENTRO NP LAUREL SQ OWNER LLC
Owner Address: PO BOX 4900 SCOTTSDALE NJ 85261
Telephone: (732) 262-4000
Contractor: L & H Signs
Address: 425 N. 3rd St. Reading PA 19601
Telephone: (609) 502-3171 Fax: _____ Federal Emp. Number: _____
License Number or Builders Registration Number: _____
Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private
Use Group: B Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: SIGN INSTALLATION -- PROVIDENT BANK

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:

Daniel Newman Jr.

Construction Official

Date Printed: 6/1/2020

U.C.C. F260 (rev. 08/05)

Fee: \$0.00

Check Number: _____

Collected By: _____



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 1930 RT 88

Owner in Fee: Centro NP LAUREL SQ LLC

Tel. 732262-4000 e-mail _____

Address PO BOX 4900 SCOTTSDALE, AZ

Contractor: Matt Kondrila Electrical Contractor Tel. (856) 858-1692

Address 300 Crestwood Ave e-mail Mrkondrila@verizon.net

Haddon Twp. New Jersey 08033

Contractor License No. 10605 Exp. Date 03/31/2015

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 223488502 FAX: (856) 858-1692

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 600

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial-Underslab Utilities Approved

Date: _____ Approved by: _____

[] Electric Plans Approved

Date: 8/28/14 Approved by: [Signature]

Joint Plan Review Required: _____

[] Bldg. [] Plumb. [] Fire. [] Elev.

SUBCODE APPROVAL FOR PERMIT

Date: 8/28/14 Approved by: [Signature]

SUBCODE APPROVAL FOR CERTIFICATE

[] CO [] CCO [X] CA

Date: 8-12-2015

Approved by: [Signature]

INSPECTIONS

Dates (Month/Day)

Type: Failure Failure Approval Initial

Rough

Barrier-Free

Trench

Temp. Serv.

Constr. Serv.

TCO

Other

Service

Final

Barrier-Free

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding

Certification

Date Received

Control #

Date Issued

Permit #

8/28/14
14-2870

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Matt Kondrila

[X] Licensed Elec. Contractor [] Central Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

CONNECT PRE WIRED SYSTEMS TO EXISTING ELECTRIC ONLY

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	_____
0	_____	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	_____
4	_____	AMP Motor Control Center	_____
_____	_____	KW Elec. Sign/Outline Light	_____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



BUILDING SUBCODE TECHNICAL SECTION



Provident Bank Freestanding Building

Date Received
Control #

8/28/14

Date Issued
Permit #

14-2870

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 1930 Rt 88

Owner in Fee: CENTRO NP LAUREL SQ LLC

Tel. 732266-4000 e-mail _____

Address PO BOX 4900 Scottsdale, AZ

Contractor: L+H Signs Tel. 609502 3171

Address _____ e-mail _____

425 N. 3rd St Reading, PA 19601

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

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 23-2792502 FAX: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required			Type:	Failure Failure Approval Initial
☒ All	<u>08/07/14</u>	<u>KEH</u>	Footings	_____
☐ Footings/Foundations			Footings Bonding	_____
☐ Structural/Framework			Foundation	_____
☐ Exterior			Slab	_____
☐ Interior			Frame	_____
Joint Plan Review Required:			Truss Sys./Bracing	_____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Barrier-Free	_____
SUBCODE APPROVAL for PERMIT			Insulation	_____
Date: <u>08/07/14</u>			Finishes -Base Layer	_____
Approved by: <u>KEH</u>			Finishes -Final	_____
SUBCODE APPROVAL for CERTIFICATE			Energy	_____
☐ CO ☐ CCO ☒ CA			Mechanical	_____
Date: <u>08/25/14</u>			TCO	_____
Approved by: <u>KEH</u>			Other	_____
			Final	<u>08/25/14 KEH</u>
			Barrier-Free	_____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____

No. of Stories _____ If Industrialized Building: _____

Height of Structure _____ ft. State Approved _____ HUD _____

Area — Largest Floor _____ sq. ft. Est. Cost of Bldg. Work:

New Bldg. Area/All Floors _____ sq. ft. 1. New Bldg. \$ _____

Volume of New Structure _____ cu. ft. 2. Rehabilitation \$ _____

Max. Live Load _____ 3. Total (1+ 2) \$ 5000.00

Max. Occupancy Load _____

U.C.C. F110 (rev. 11/09)
Internet version

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: [Signature]

Print name here: Harry Gasker

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACE 4 Existing wall
signs with new. same
size and locations
as per drawings

TYPE OF WORK:

- ☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☒ Sign 240 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 \$ _____

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

From:

08/09/2014 04:48

#727 P.001/003



LH Companies

Sign Development | Merchandising Systems

LH Sign Company

LH Merchandising Systems

TOWNSHIP OF BRICK

RELEASED FOR PERMIT

INITIAL

DATE

Building Subcode _____

Fire Subcode _____

Electrical Subcode _____

Plan Reviewer _____

Plans Released _____

Construction Official _____

8/20/14

Fax

FILE COPY

To: Tom Olsen / Inspector From: Brick Twp
Cassie Robertson

Fax: 732-262-8954Pages: 2 + cover

Phone: _____

Date: 8/8/14Re: 1930 Rt. 88 Laurel Squarecc:Brick Twp, NJ 08724
☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

JUN 23 2014

RECEIVING CLERK On
DATE REC'D 7-8-14

ZONING PERMIT APPLICATION

PERMIT # 2P.14.00935
DATE ISSUED 8/28/14

BLOCK: 1149 LOT: 5 QUALIFIER: — SITE ADDRESS: 1930 R+88

IDENTIFICATION:

1. NAME OF OWNER IN FEE: centro LLC
COMPLETE ADDRESS: PO BOX 4900
SCOTTSDALE, AZ
PHONE # 732-262-4000 EMAIL: —

2. NAME OF APPLICANT: Harry Gasker
APPLICANT ADDRESS: 425 N. 3rd st Reading, PA
19601
PHONE # 609 502-3171 EMAIL: SPSOLUTIONS1@comcast.net

3. RESPONSIBLE PERSON FOR WORK: L + H Signs
PHONE# 609 502-3171 FAX# 610 898 9530

4. SIGNATURE OF APPLICANT: [Signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: \$ 50-
OTHER: \$ —
TOTAL: \$ 50-

REQUIRED BY APPLICANT

RESIDENTIAL: —
COMMERCIAL: ✓
EXISTING USE: BAK
PROPOSED USE: Bank

BOARD APPROVAL: — PB — ZB —
RESOLUTION#: —
APPROVAL DATE: —

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: — *ADDITION — *ALTERATION — *PORCH — *DECK —

POOL: ABOVE GROUND — IN GROUND — FENCE: HEIGHT — TYPE —

HEIGHT: — (*APPLICABLE)

OTHER: Signs

DESCRIPTION: Replace/ReFace Existing 4 wall signs AS per drawings

ZONING REVIEW:

DATE REVIEWED: 7/24/14 DATE DENIED: — DATE APPROVED: 7/24/14 INTLS: [Signature]

(SEE BACK PAGE)

1. The first part of the document is a title page. It contains the title "THE HISTORY OF THE UNITED STATES OF AMERICA" and the author "BY JAMES MADISON".

OFFICE USE ONLY

RECEIVED

JUL 24 2014

5528

ZONING

ZONING REVIEW:

DATE REVIEWED: 7/24/14 DATE DENIED: DATE APPROVED: 7/24/14 INTLS: 5528

[illegible]

LAND USE

245 Attachment 5

Township of Brick

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS

Township of Brick
Ocean County, New Jersey

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2VWVW-86; 9-13-1988 by Ord. No. 354-2TTT-88; 9-27-1988 by Ord. No. 354-2KCKX-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

Zone	Minimum Lot Size			Minimum Required Yard Depth			Maximum Lot Coverage by Building			Maximum Building Height			Minimum Floor/Building Area (square feet)	Maximum Allowable Impervious Coverage
	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Rear Yard (feet)	Side Yard (feet)	Rear Yard (feet)	Stories	Eaves (feet)	Ridge (feet)	2 stories/1 story		
R-R	40,000	150	150	50	25	50	25	25	25	25	35	38.5	-	-
RR-2														
RR-3														
R-20	20,000	100	125	40	15	40	10	10	25	35	38.5	-	-	-
R-15	15,000	100	115	35	12	35	10	10	25	35	38.5	-	-	-
R-10	10,000	90	100	30	6	20	5	5	25	35	38.5	-	-	-
R-7.5	7,500	75	90	25	6	15	5	5	25	35	38.5	-	-	-
R-5	5,000	50	75	20	5	15	5	5	25	35	38.5	-	-	-
O-P	15,000	100	150	50	10	50	20	20	35	38.5	38.5	1,500	70%	-
B-1	10,000	100	90	30	10	20	10	20	35	38.5	38.5	1,000	60%	-
B-2	20,000	125	125	50	10	50	10	50	35	38.5	38.5	2,000	65%	-
B-3	2,000	200	200	75	30	50	20	50	35	38.5	38.5	2,000	65%	-
B-4	5 acres	300	300	100	50(150)	100(150)	20	50	35	38.5	38.5	30,000	70%	-
M-1	5 acres	300	300	100	50	150	75	150	35	38.5	38.5	5,000	65%	-
R-M	25 acres	350	200	50	50	30	30	30	25	35	38.5	-	65%	-
O-P-T	40,000	150	150	50	20	50	20	50	25	35	38.5	2,000	50%	-
H-S														70%

- NOTES:
1. If adjacent to residential zone or use.
 2. The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.
 3. For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.



Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued: _____
Application Number: ZA-14-00869
Application Date: 07/24/2014
Project Number: _____
Permit Number: _____
Fee: \$50

Zoning Permit

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

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

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

Applicant: **Harry Gasken**
Address: **425 N. 3rd Street**
Reading, PA 19601

Application Approved Date: 07/24/2014

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

Use is: Bank
Nonconforming Use is: _____

Work Description:

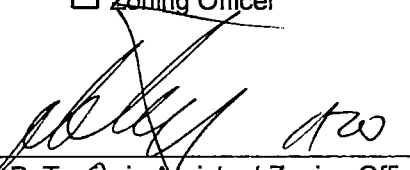
Sign - (4) 48" H x 15' W Wall Signs
60 sq. ft.

Replace existing signs.

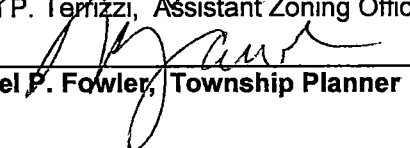
Additional Zoning permit is required for additional work.

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



Darren P. Terrizzi, Assistant Zoning Officer



Michael P. Fowler, Township Planner

07/24/2014

Date

7/25/14
Date



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Thursday, August 07, 2014

To: CENTRO NP LAUREL SQ OWNER LLC
PO BOX 4900
SCOTTSDALE, NJ 85261

RE: Electrical Subcode
Block: 1149 Lot: 5 Qual:
1930 ROUTE 88
Permit Number: Control Number: C-14-002956
Last Submit Date: Monday, August 04, 2014

Dear CENTRO NP LAUREL SQ OWNER LLC,

Your request is hereby denied based upon the following infractions.

Need wire diagram for sign show voltage and service
switch location.

Sincerely,

Thomas Olson, Subcode Official

CC:



Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued: 8/28/14
Application Number: ZA-14-00869
Application Date: 07/24/2014
Project Number: _____
Permit Number: ZP-14-00935
Fee: \$50

Zoning Permit

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

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

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

Applicant: **Harry Gasken**
Address: **425 N. 3rd Street**
Reading, PA 19601

Application Approved Date: 07/24/2014

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

Use is: Bank
Nonconforming Use is: _____

Work Description:

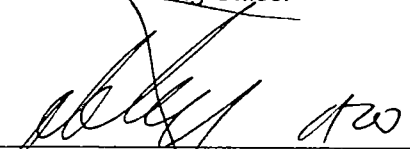
Sign - (4) 48" H x 15' W Wall Signs
60 sq. ft.

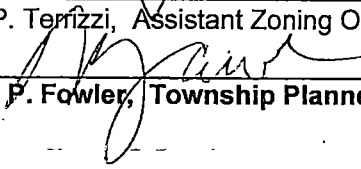
Replace existing signs.

Additional Zoning permit is required for additional work.

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


Darren P. Terrizzi, Assistant Zoning Officer


Michael P. Fowler, Township Planner

07/24/2014

Date

7/25/14
Date



CONSTRUCTION PERMIT

8/28/14
Date Issued
Control # C-14-002956
Permit # 14-2870

IDENTIFICATION Block: 1149 Lot: 5 Qualifier
Work Site Location: 1930 ROUTE 88 Brick Township, NJ Contractor L & H Signs
Address 425 N. 3rd St. Reading PA 19601
Owner in Fee CENTRO NP LAUREL SQ OWNER LLC
PO BOX 4900 SCOTSDALE NJ 85261 Telephone: (609) 502-3171
Lic. No. or Bldrs. Reg. No.
Telephone: (732) 262-4000 Federal Employee. No.

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 - PROVIDENT BANK

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 \$5,600

Daniel J. Newman Jr. 8/20/14
Construction Official Date

PAYMENTS (Office Use Only)

Building	\$200
Electrical	\$75
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$9
CO Fee	
Other	\$0
Total	\$284
Check No.	34857
Cash	\$0
Credit	\$0
Collected By	

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

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:

1. 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.
2. Foundations and all walls up to grade level prior to back filling.
3. 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.
4. 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.

HUBBARD

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: KRS

PERMIT #: _____

BLOCK: 1149 LOT: 5 ADDRESS: 1930 Route 88

IDENTIFICATION:

1. WORK SITE ADDRESS: 1930 Route 88
2. NAME OF OWNER IN FEE: CENTRO/NP LAURELS LLC
ADDRESS: PO BOX 4900 PHONE #: 732 262-4000
SCOTTSDALE, AZ FAX #: ()
3. PRINCIPAL CONTRACTOR: L + H SIGNS
ADDRESS: 425 N. 3rd St PHONE #: 609 502-3171
Reading, PA 19601 FAX #: ()
4. ARCHITECT OR ENGINEER: MURDOCH ENGINEERING
ADDRESS: 2 Hummingbird Ct Howell, NJ 07731 PHONE #: 1732-622-1000
5. RESPONSIBLE PERSON FOR WORK: DAVE BAKER
ADDRESS: 425 N. 3rd St Reading, PA 19601
PHONE #: 609 502-3171 FAX #: () E-MAIL: _____

FEE SUMMARY:

APPLICATION FEE: \$ _____

REVIEW FEE: \$ N/A

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: _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____☒ OTHER INSTALL SIGNS AS PER DRAWINGS

LENGTH: _____ WIDTH: _____ HEIGHT: _____

ENGINEERING REVIEW:

DATE RECEIVED: 8/4/14 DATE REJECTED: _____ DATE APPROVED: 8/4/14 INITIALS: KRS

TOWNSHIP OF BRICK

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

John G. Ducey, Mayor

Township Council:

Susan Lydecker - President

Jim Fozman - Vice President

Heather deJong

Bob Moore

Paul Mummolo

Marianna Pontoriero

Andrea Zapcic



Department of Land Use and Community
Development

Division of Land Use & Planning

732-262-1027

Fax: 732-262-2941

www.twp.brick.nj.us

Date: 7-8-14

ENGINEERING PLOT PLAN EXEMPT FORM (ONLY IF NOT IN A FLOOD ZONE)

Block: 1149 Lot: 5

Property Address: 1930 Route 88

I, _____ of _____
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck,
pool, retaining wall, etc. as outlined in the Township Code, Chapter 245, Section 245-29.

Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.
2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: 8/4/14 Signed: KCS

Rejected on: _____ Signed: _____

Comments: N/A

Reface/REPLACE Existing Signs



a

Building Sign
Illuminated | Push-Thru Logo and Letterforms
48"H x 15'W | Square Footage: 60
SF | Scale: 3/8"=1' | Qty: 1

APPROVED FOR ZONING ONLY

JUL 27 2014

DARREN P. TERRIZZI
ASSISTANT ZONING OFFICER



a

Existing Sign | 60 Square Feet



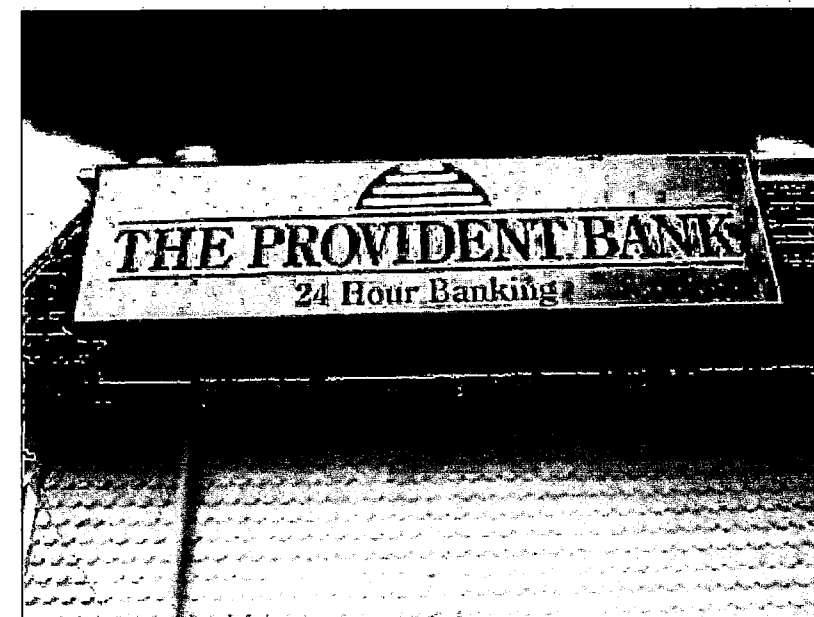
a

Proposed Sign | 60 Square Feet



a

Building Sign
Illuminated | Push-Thru Logo and Letterforms
48"H x 15'W | Square Footage: 60
SF | Scale: 3/8"=1' | Qty: 1



b

Existing Sign | 60 Square Feet



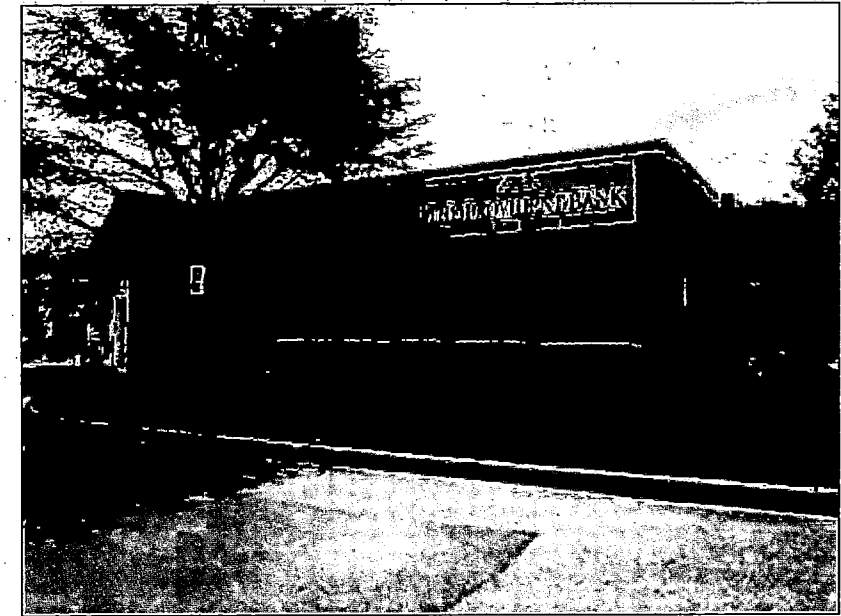
b

Proposed Sign | 60 Square Feet



a

Building Sign
Illuminated | Push-Thru Logo and Letterforms
48"H x 15"W | Square Footage: 60
SF | Scale: 3/8"=1' | Qty: 1



c

Existing Sign | 60 Square Feet



c

Proposed Sign | 60 Square Feet

Provident_{BANK}

a

Building Sign
Illuminated | Push-Thru Logo and Letterforms
48"H x 15"W | Square Footage: 60
SF | Scale: 3/8"=1' | Qty: 1



d

Existing Sign | 60 Square Feet



d

Proposed Sign | 60 Square Feet

4'-0"	3'-4"	1'-11"	EQ	15'-0"	EQ
			EQ	13'-4"	EQ



Provident

BANK

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

13585 Provident Bank Brick Township	
BSCUS	Building Sign (Illuminated)
13585	
S/f	Qty. 4
color palette \ paint	
	PMS 548C
	MP Brushed Aluminum
color palette \ vinyl	
	Translucent Vinyl to Match PMS 138C
notes	
Need survey of roof pitch/conditions for mounting structure.	

1 Front View
Scale: 1/2"=1'-0"

3'-6" 4'-0" 4'-0" 3'-6"

1 1/2" x 1 1/2" x 1/8"
Aluminum Angle

2" x 2" x 1/4"
Aluminum Angle
Typical - 4
(1 per Corner)

Provident BANK

Engineers Note:
A minimum of Four(4) Brackets per/ Bracket Detail are required to install roof mounted sign to the building, evenly spaced @ 4' O.C. w/ 1-6" clearance at each end.

2 Frame View
Scale: 1/4"=1'-0"

**ALL CUT THRU TEXT / LOGOS TO BE STUD MOUNTED USING
#10 X 1" ALUMINUM WELD STUDS AND QUICK NUTS**

TOWNSHIP OF BRICK

RELEASED FOR PERMIT

INITIAL WEL DATE 08/02/14

Building Subcode _____

Fire Subcode _____

Electrical Subcode 20 8/2/2014

Plan Reviewer _____

Plans Released _____

Construction Official _____

FILE COPY

Series 7 Single Face Hinge Body
SignComp #1602

Slide Retainer
SignComp #1624

.090" (thk) Routed Aluminum Face

— Mounting bracket detail —

#10 x 1" Aluminum weld studs
w/ quick nuts

1/4" (thk) Routed Acrylic flush push thru

3 Section View
Scale: 1:2

Murdoch Engineering
2 Hummingbird Ct
Howell, NJ 07731
(973) 570-8215
Jeff Murdoch
Jeff Murdoch, P.E.
Professional Engineer
NJ P.E. License #48980



13585 Provident Bank | Brick Township Exterior

1930 Route 88, Laurel Square | Brick Township, NJ 08724

A+

Account Representative
David B:

Project Manager
Christine H.

Design Eng
Jason G

Engineer
John K.

Revisions

① 03-07-14

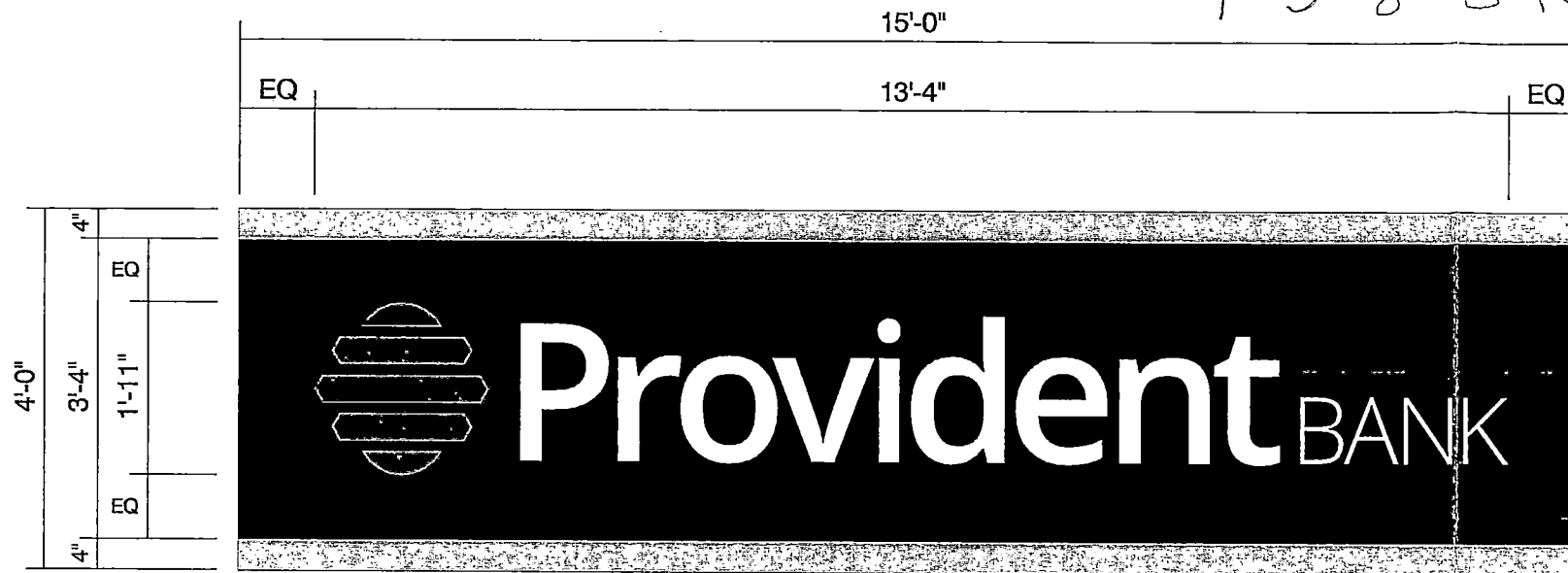


LH Companies
Sign Development | Merchandising Systems
610.898.9600 • 610.898.9530

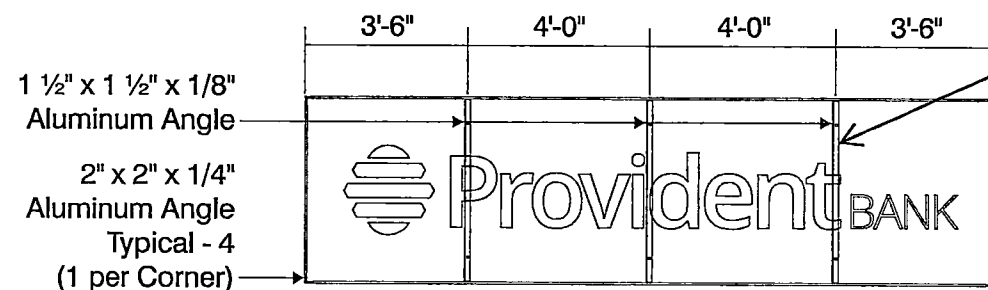
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4 Signs Required



1 Front View
Scale: 1/2" = 1'-0"



2 Frame View
Scale: 1/4" = 1'-0"

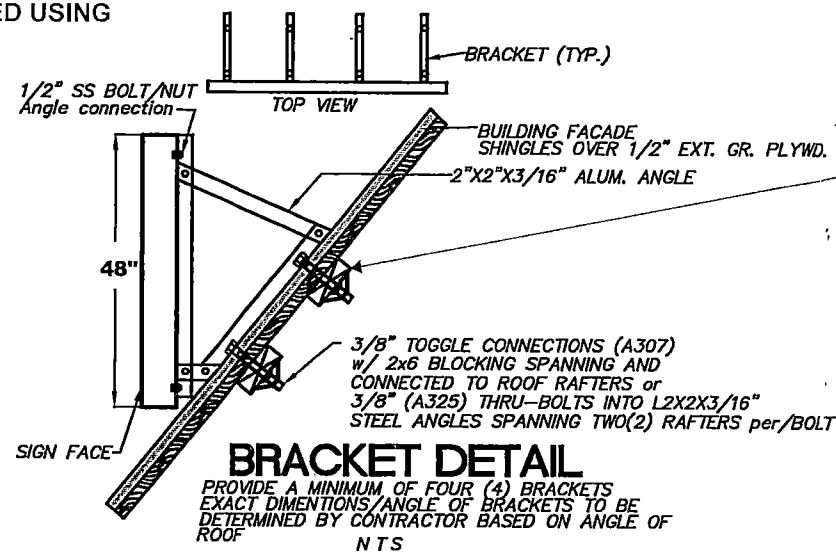
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ALL CUT THRU TEXT / LOGOS TO BE STUD MOUNTED USING
#10 X 1" ALUMINUM WELD STUDS AND QUICK NUTS

TOWNSHIP OF BRICK
RELEASED FOR PERMIT
Building Subcode _____
Fire Subcode _____
Electrical Subcode _____
Plan Reviewer _____
Plans Released _____
Construction Official _____

INITIAL DEK DATE 08/07/14
to 8/20/14

FILE COPY



Series 7 Single Face Hinge Body
SignComp #1602

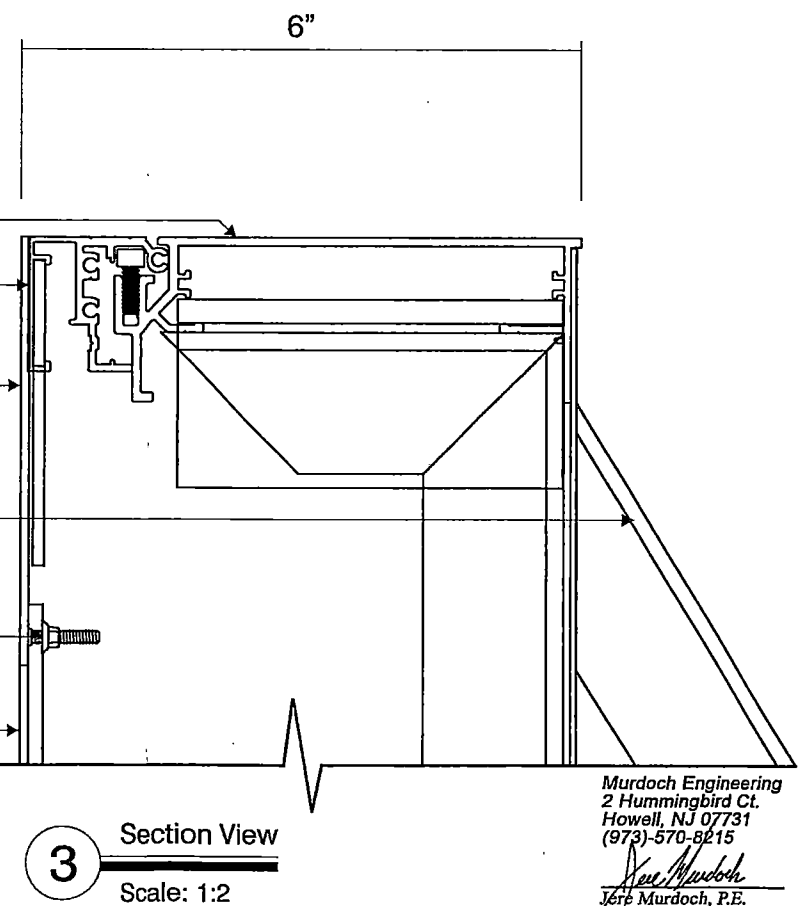
Slide Retainer
SignComp #1624

.090" (thk) Routed Aluminum Face

Mounting bracket detail

#10 x 1" Aluminum weld studs
w/ quick nuts

1/4" (thk) Routed Acrylic flush push thru



Designed per IBC -2009 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:
Basic Wind Speed.....115 mph
Wind Importance Factor...I=1.15
Wind Exposure.....C
ASCE Force Coef.....1.8 (or per table)
Gust Factor.....0.85

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

13585 Provident Bank Brick Township	
BSCUS	Building Sign (Illuminated)
13585	
s/f	Qty. 4
color palette \ paint	
● PMS 548C	
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color palette \ vinyl	
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2 Hummingbird Ct.
Howell, NJ 07731
(973)-570-8215
Jeff Murdoch, P.E.
Professional Engineer
NJ P.E. License #48980

13585 Provident Bank | Brick Township Exterior
1930 Route 88, Laurel Square | Brick Township, NJ 08724

A+

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Design Eng
Jason G.
Engineer
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Revisions
1 03-07-14



LH Companies
Sign Development | Merchandising Systems
610.892.9500 610.892.9530

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