C27-49

BLOCK 1149 LOT 5 QUALIFICATION CODE _____ ADDRESS (SITE) 1930 rt 88 Brick NJ PERMIT NO. 99-2941

CONSTRUCTION PERMIT APPLICATION "Cash Converters"

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

I. IDENTIFICATION

1. Propsed Work Site at: 1930 rt 88 Brick NJ
2. Name of Owner in Fee: Brad Morey Tel. (732) 303-8548
   Address 295 Concord Dr Freehold NJ 07728 07728
   (street / municipality / zip code)
3. Ownership in Fee: Public ✓ Private _____
4. Principal Contractor: X Tel. (____) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. (____) _____ FAX (____) _____

Sign

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	1010 $ 108		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	5		
10. Subtotal			
11. Cert. of Occupancy			
12. Other	39 43		
13. TOTAL	$		

NO FEE REQUIRED

APPROVED BY KT DATE 7-30-99

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	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
1. ☒ Minor Work		BCT	7/23/99		8-2-99	FM			
2. ☐ New Building									
3. ☐ Addition									
4. ☒ Alteration	6057. ✓								
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		EWC	7/28/99		7/28/99	JL			
TOTAL COSTS	6057. ✓								

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction
After Construction
Net Gain or Loss

B. NON-RESIDENTIAL

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

IMPORTANT - A.B.L. MANDATORY FEE - COMMERCIAL

LDS BR 10502204

U.C.C. F100-1 (rev. 3/96)

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature X _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (732) 303-8548

Signature Brad Corey

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. _____	_____	_____	_____	_____

0010
2941*# 0.00
BLOCK 1149 # 0.00
LOT 5 # 108.00
BUILDING 5.00
D.C.A. 15.00
ZONEPLOT 15.00
ENG P.R. 143.00
TOTAL 143.00
CHECK 0.00
CHANGE 13:29
08/04/99 NO. 5 00344005

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/04/99
Control #
Permit # 99-2941

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 1149 Lot 5 Qual

Work Site Location 1930 RT 88 CASH CONVERTERS
SIGN
Owner in Fee KOREY, BRAD
Address 295 CONCORD DR
FREEHOLD, NJ 07728-
Telephone (732)303-8548

Contractor EAST SIGNS
Address 2290 1422 EAST
UNION, NJ 07083-
Telephone (908)810-1400
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INSTALL 36 X 3 CHANNEL LETTER SIGN FOR CASH CONVERTERS

PAYMENTS (Office Use Only)

Building	108
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	5
Cert. of Occupancy	0
Other ZPEP	30
Total	~~143~~ 143
Check No.	1010
Cash	
Collected By	LRT

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 $ 6,757

D. Curiazza/Ret
Construction Official

08/04/99
Date

U.C.C. 1170 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/26/99
Date Issued 8/4/99
Control # C27-49
Permit # 99-2941

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 Qual

Work Site Location 1930 RT 88 CASH CONVERTERS
SIGN

COMMERCIAL

Owner in Fee KOREY, BRAD
Address 295 CONCORD DR
FREEHOLD, NJ 07728-
Tele.(732)303-8548
Contractor EAST SIGNS
Address 2290 1422 EAST
UNION, NJ 07083-
Tele.(908)810-1400 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner or authorized to make this application.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

INSTALL 36 X 3 CHANNEL LETTER SIGN FOR CASH CONVERTERS

Housing must Be Thru-Bolted

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	8-2-99	FW
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

Dates (Month/Day)

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 108 Sq. Ft.	108
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
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 $ 6,757
3. Total (1+2)$ 6,757

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 108
DCA Training Fee	$ 5

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 07/26/99
Date Issued 8/4/99
Control # C27-49
Permit # 99-2941

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 Qual
Work Site Location 1930 RT 88 CASH CONVERTERS
SIGN
Owner in Fee KOREY, BRAD
Address 295 CONCORD DR
FREEHOLD, NJ 07728-
Tele.(732)303-8548
Contractor EAST SIGNS
Address 2290 1422 EAST
UNION, NJ 07083-
Tele.(908)810-1400 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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

INSTALL 36 X 3 CHANNEL LETTER SIGN FOR CASH CONVERTERS

Housing Must Be Thru-Bolted

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	8-2-99	FW
[ ] 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 U Proposed U
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 $ 6,757
3. Total (1+2)$ 6,757

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 108 Sq. Ft.	108
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 108
DCA Training Fee	$ 5

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
ZONING PERMIT

Permit Approved: July 28, 1999 No. 1999-1254

Block 1149 Lot 5 Zone: B-3,H.D.

Property Address: 1930 RT. 88, Laurel Square

Owner: New Plan Realty Trust Phone:

Applicant: Brad Corey Phone: 303-8548

Existing Use: Vacant Retail Unit

Proposed Use: Retail Store

Proposed Construction: 3' x 36' wall sign, "Cash Converters."

Conditions: The sign area cannot exceed 15% of the facade area.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis which 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 P. Kinnevy
Zoning Officer

RECEIVED
JUL 27 1999
ZONING

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

BLOCK 1149 LOT 5

PROPERTY ADDRESS (number and street) 1930 rt 88 Brick Wy

NAME OF PROPERTY OWNER New Plan Realty Trust

PERSONAL NAME OF APPLICANT Brad Morey

BUSINESS NAME OF APPLICANT Cash Converters

MAILING ADDRESS OF APPLICANT 295 Concord Dr Freehold NJ 07728

TELEPHONE NUMBER OF APPLICANT (732) 303-8548

PRESENT USE OF PROPERTY(check all that apply)

___Vacant Lot ___Single-family dwelling ___Multi-family Dwelling

__✓__Commercial(please describe) Strip Ctr

PROPOSED USE OF PROPERTY(check all that apply)

___Vacant Lot ___Single-family dwelling ___Multi-family Dwelling

__✓__Commercial(please describe) retail Store

PROPOSED CONSTRUCTION

Sign

__All dimensions: 3' 30" Width 36" Length 3' Height

Deck or Garage: _____Attached _____Detached _____Height

Fence: Style_____ Material_____ Height_____

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 site 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 X Brad Morey Date_____

Reviewed by Zoning Officer Date 7/28 (X)Approved ()Rejected

COMMERCIAL

FASTSIGNS
For a Quality Sign That's Right. On Time.

07-09-1999

Estimate No. 1872

Cash Converters
ATTN: Brad
1930 Rt 88
Brick New Jersey 08724

Phone: 732-303-8548 Fax: 908

Dear Brad,

Thank you for taking time with me, and for your interest in FastSigns!
Listed below is the quotation on the items we discussed.
If you have any questions please call (908-810-1400 Fax 810-1221).
Thank you.

ITEM 1 Product: Color: Size: 0 X 0
Quantity: 1 Side(s): 0
Description: Construct and Install Channel Letter Sign 3' x 36'

$ 6375.00

Sub Total	$	6375.00
Sales Tax	$	382.50
Total	$	6757.50

Sincerely,
Vic Volaski

A 50% Deposit is required with order. Material to be Lucite Face with reinforced Burgundy Aluminum Sides. Sign will be fully UL approved. Word Cash will be faced with Premium Transluscent Burgundy Vinyl. Word Converters will be white with Black Trim

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1191 LOT 5 SITE ADDRESS 1430 FM 2004
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS [illegible]

APPLICANT [illegible] PHONE NUMBER 265-9548
APPLICANT ADDRESS 295 Diamond Dr CITY & STATE Lake Jackson TX
PERMIT # NAME OF BUSINESS Quick Connects

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 $ 0 Date 7-25-99

Estimated Required Fee $ 0

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 LT DATE 7-30-99

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

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

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 7-29-99

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1149 LOT 5 SITE ADDRESS 1930 Rt 88

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS Cash Converters

APPLICANT Brad Kreey CITY & STATE Freehold 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:

$ _____

Frederick R. Millman, CTA, Tax Assessor

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

Cash Converters
260
20
96
18

4 weeks to Build

Store address
1930 [redacted]
Brooklyn

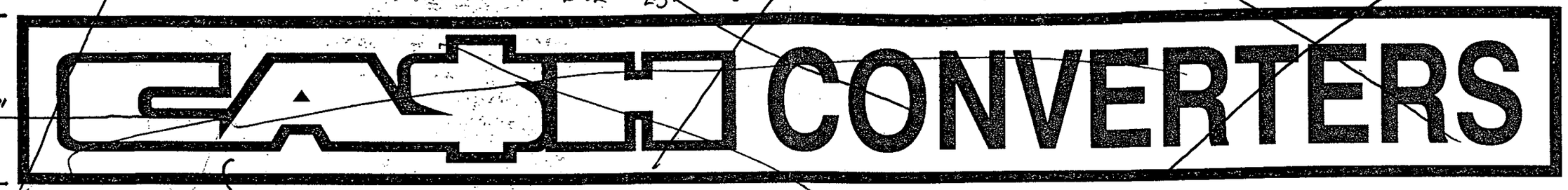
Brad Horey (732) 303-8548 Home
(732) 915-3198 Cell

32'0"

Burgandy Channel letters White
Dont Light [redacted]

Home address → 295 Concord Dr
Freehold NJ 07728

3'6"

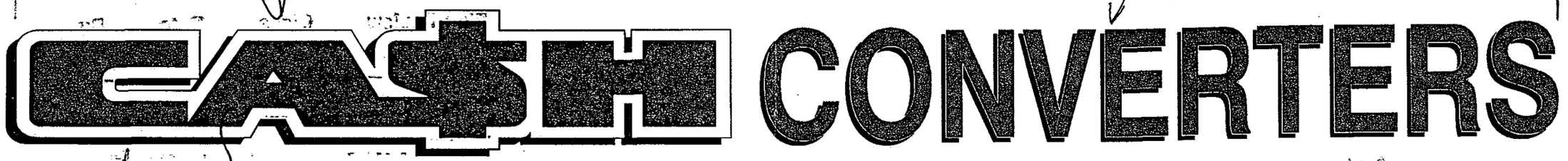


INTERIOR-LIT, BOX-TYPE SIGN, [redacted] INSTALLED plus TAX & PERMIT. SIZE CAN BE SCALED DOWN TO REDUCE PRICE.

32'0" 36.0

white

2'3" 3.0



3.0 + 40.0 = waiting for price

INDIVIDUAL, NEON-LIT, ALUMINUM CHANNEL LETTERS, [redacted] plus TAX & PERMIT. SIZE CAN BE SCALED DOWN TO REDUCE PRICE.

Bld Dept
8-330

112
144 Bring check

40ft [redacted]

tammi 40ft + 30inch [redacted] 00 – On Raceway – less expensive

Brad Horey
40

Site Location:
Block: 1149 Lot: 5
Owner if Fee:
Address:
1930 Rt 88 Brick NJ 07728
State: Zip: Phone: (732) 303-8548
SS #: Provide only if Applicant is owner

Date Rec'd:
Date Issued:
Control #:
Permit #:

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723

COUNTER FORM
PLEASE PRINT

BUILDING

CONTRACTOR: East Signs
ADDRESS: ~~228~~ 2290 Rt 22 east Union NJ ~~07208~~ 07083
PHONE: (908) 810-1400 ask for Vic
LIC.#:
LIC. EXPIRATION DATE:
FEDERAL EMP. #. (or S.S. #):

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Install 36"+32" Channel letter Neon Sign

TYPE OF WORK

- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Roofing
- ☐ Siding
- ☐ Other:
- ☐ Fence: Height (6' or More)
- ☒ Sign: 108 Sq. Ft.
- ☐ Pool (In Ground)
- ☐ Pool (Above Ground)
- ☐ Asbestos Abatement
- ☐ 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: Brad Corey

Estimated Cost of Building Work:
New Building (1): $
Alteration (2): $ 6757.00
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐

Approved by:

Date:

ELECTRICAL

CONTRACTOR:
ADDRESS:

PHONE:
LIC.#: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
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: $
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL: