



CONSTRUCTION PERMIT APPLICATION

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

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>59</u>		
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	<u>1</u>		
10. Subtotal			
11. Cert. of Occupancy			
12. Other	<u>1575</u>		
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

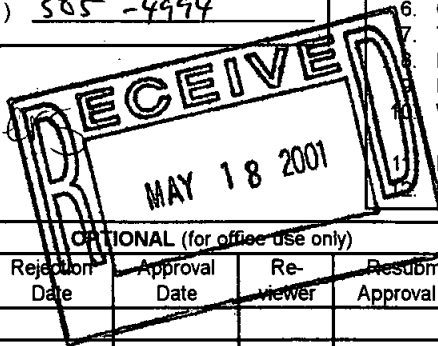
1. Number of Stories		
2. Height of Structure		ft.
3. Area — Largest Floor		sq. ft.
4. New Building Area		sq. ft.
5. Volume of New Structure		ft.
6. Construction Classification		
7. Total Land Area Disturbed		ft.
8. Flood Hazard Zone		
9. Base Flood Elevation		ft.
10. Wetlands	yes	
	no	
11. Max. Live Load		
12. Max. Occupancy Load		

(office use only)

I. IDENTIFICATION

- Proposed Work Site at: Kmart 1930 Rt 88
- Name of Owner in Fee: New Plan Realty Trust Tel. ()
Address N.Y., N.Y. street municipality zip code
- Ownership in Fee: Public Private ☒
- Principal Contractor: All-Link Signs Tel. (732) 244-3224
Address 1889 Route 9 Tompkins, N.J 08785
License No. OR, if new home. Builder Reg. No. Exp. Date
Federal Employee No. FAX: (732) 505-4994
- Architect or Engineer Tel. ()
Address
- Responsible Person in Charge of Work Robert Batullo
Tel. (732) 244-3224 FAX (732) 505-4994

Sign / Banner



II. PROPOSED WORK

- ☒ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Fire Protection
- ☐ Plumbing
- ☐ Electrical
- ☐ Elevator Devices
- ☐ Asbestos Abat. Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Demolition

Est. Cost

800. -

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
<u>me</u>	<u>6/7/01</u>		<u>6/14</u>	<u>K</u>		

TOTAL COSTS

800. -

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

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

- ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

- RESIDENTIAL
 - ☐ Hotels (R-1)
 - ☐ Multi-Family (R-2)
 - ☐ Two-Family (R-3) CBO
 - ☐ Two-Family (R-4) CBO
 - ☐ One-Family (R-5) CBO
 - ☐ One-Family (R-4) CBO

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:

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

☒ Check if contractor.

Agent Name Robert Batullo

Address 1889 Route 9

Toms River, N.J. 08755

Telephone (732) 244-3224

Signature Robert Batullo

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
	Prelim. Initial	Final Date	Prelim. Initial	Final Date	Prelim. Initial	Final Date	Prelim. 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	Name of Code & Edition
Building _____	Energy _____	Other _____
Electrical _____	Barrier Free _____	
Plumbing _____	Flood Hazard _____	
Fire Protection _____	As Built Elevation Cert. _____	
Mechanical _____	Other _____	

X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

WDC NEW JERSEY
CONSTRUCTION
PERMITE

Date Issued 06/14/2001
Control #
Permit # 01-2100

IDENTIFICATION Block 1149 Lot 5

Work Site Location 1930 ROUTE 98 KMART
SIGN/BARRIERS
Owner in Fee NEW PLAN EXCEL REALTY TRUST
Address 19 NORTH HIDELETON RD
HARJET, NY 10934-
Telephone (943)423-4950

Contractor ALL-LITE SIGNS
Address 1889 ROUTE 9
TOMB RIVER, NJ 08755-
Telephone (724)244-3824
Lic. No. or Bldg. Reg. No.
Federal Exp. In

Is hereby granted permission to perform the following work:
[] BUILDING [] LEAD HAZARD ABATEMENT
[] ELECTRICAL [] FIRE PROTECTION [] DEMOLITION
[] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [] OTHER
(Subchapter 9 only)
DESCRIPTION OF WORK:
SIGN/BARRIER

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 \$00

Construction Official
U.E.C. F170 (rev. 3/98)

Date

PAYMENTS (Office Use Only)
Building 59
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
DCA Training Fee 1
Fert. of Occupancy 0
Other 15
Total 16
Check No. 5412
Cash
Collected By MJB

06/14/01 1:10PM 0000000H4606
#002 SERV.002
#2100
BUILDING \$59.00
DCA \$1.00
ZPA \$15.00
CHECK \$75.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/18/2001
Date Issued 6/14/01
Control # C22-19
Permit # 01-2100

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
Work Site Location 1330 ROUTE 88 MARKET
SIGN/BARRIERS

Owner in Fee NEW-PLAN EXCEL REALTY TRUST
Address 19 NORTH MIDDLETOWN RD
HAMLET, NJ 10954-

Tele: (845) 623-4950
Contractor ALL-LITE SIGNS

Address 1885 ROUTE 9
TOMS RIVER, NJ 08755-

Tele: (732) 244-3224 Fax ()
Lic. No. of Bldgr. 000 N.
Federal Emp. No. [REDACTED]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

SIGN/ ~~BAR~~ 1 hour Photo

JOB SUMMARY (Office Use Only)
PLAN REVIEW Date Initial

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Req.			Failure	Failure Approval Initial
☐ All			Footings	
☐ Footing			Foundation	
☐ Foundation			Slab	
☐ Frame			Frame	
☐ Other			Barrierfree	
Joint Plan Review Required:			Insulation	
☐ Eject ☐ Plumb ☐ Fire			Finishes	
SUBCODE APPROVAL ☐ Elev			Energy	
☐ CO ☐ CCO ☐ CA			Mechanical	
Date:			PCO	
Approved By:			Other	
			Final	
			Barrierfree	

TYPE OF WORK

☐ New Building		
☐ Addition		
☒ Alteration		
☐ Roofing		
☐ Siding		
☐ Fence	0	Height (exceeds 6')
☒ Sign	59	Sq. Ft.
☐ Pool		
☐ Asbestos Abatement Subchapter 8		
☐ Lead Haz. Abatement NJAC 5:17		
☐ Other		
☐ Demolition		

FEE (Office Use Only)

☐ New Building	
☐ Addition	
☒ Alteration	
☐ Roofing	
☐ Siding	
☐ Fence	0
☒ Sign	59
☐ Pool	0
☐ Asbestos Abatement Subchapter 8	0
☐ Lead Haz. Abatement NJAC 5:17	0
☐ Other	0
☐ Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present 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 \$ 300
3. Total (1+2) \$ 300

Paid ☐ Check #
Collected by: DCA Training Fee

Administrative Surcharge

Minimum Fee

TOTAL FEE

1

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/18/2001
Date Issued 6/14/01
Control # C22-49 01
Permit # 01-2100

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 ROUTE 8A EAST
SIGN/BANNERS

Owner In Fee NEW PLAN EXCEL REALTY TRUST
Address 13 NORTH MIDDLETON RD
HAMLET, NJ 10934-

Tele. 18451623-4938
Contractor ALL-SITE SIGNS

Address 1889 ROUTE 9
PO BOX RIVER, NJ 08155-

Tele. 12321344-3224 Fax 12321344-3224
Lic. No. of Bldgs. 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

SIGN/BANNERS 1 hour Photo

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Req.			Type	Failure Failure Approval Initial
☐ All			Footings	
☐ Footing			Foundation	
☐ Foundation			Slab	
☐ Frame			Frame	
☐ Other			Barrierfree	
Joint Plan Review Required:			Insulation	
☐ Elect ☐ Plum ☐ Fire			Flashes	
SUBCODE APPROVAL ☐ Elev			Energy	
☐ CO ☐ CCO ☐ CA			Mechanical	
Date:			TCO	
Approved By:			Other	
			Final	
			Barrierfree	

TYPE OF WORK

☐ New Building			
☐ Addition			
☒ Alteration			
☐ Roofing			
☐ Siding			
☐ Fence			Height (exceeds 6')
☒ Sign	59	Sq. Ft.	
☐ Pool			
☐ Asbestos Abatement Subchapter 8			
☐ Lead Haz. Abatement HJAC 5:17			
☐ Other			
☐ Demolition			

FEE (Office Use Only)

☐ New Building		
☐ Addition		
☒ Alteration		
☐ Roofing		
☐ Siding		
☐ Fence		
☒ Sign	59	
☐ Pool		
☐ Asbestos Abatement Subchapter 8		
☐ Lead Haz. Abatement HJAC 5:17		
☐ Other		
☐ Demolition		

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Alteration \$
Height of Structure			3. Total (\$1234) 800
Area Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

Administrative Surcharge

Administrative Surcharge		
Minimum Fee		
TOTAL FEE		
DCA Training Fee		

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

TOWNSHIP OF BRICK ZONING PERMIT

Approved: June 6, 2001

No. 10889

Block: 1149 Lot: 5

Zone: B-3, General Business

Property Address: 1930 Route 88, Laurel Square

Applicant: Robert Batullo; All-Lite Signs

Property Owner: New Plan Realty Trust

Existing Use: Big K-Mart store.

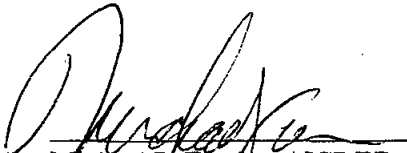
Proposed Use: Same.

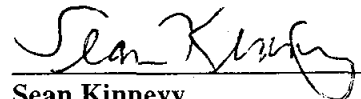
Proposed Construction: 21'5" x 33" wall sign, "1 Hr. Photo".

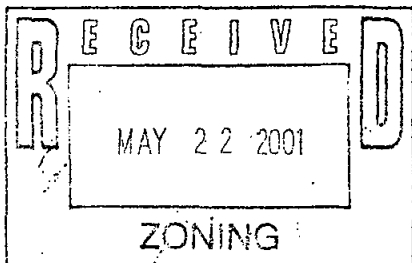
Conditions: Total sign area may not exceed 15% of the total façade area.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect.

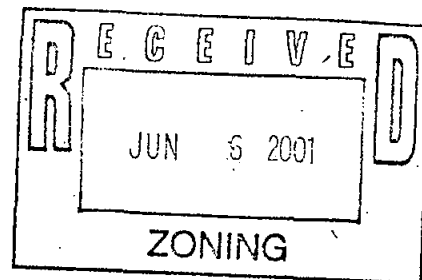
This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.


Michael P. Fowler, AICP/PP
Municipal Planner


Sean Kinnevy
Zoning Officer



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



Block 1149 Lot 5 Qualifier _____

PROPERTY ADDRESS 1930 Route 88

PERSONAL NAME OF APPLICANT Robert Battillo

BUSINESS NAME OF APPLICANT All-Lite Signs

PROPERTY OWNER New Plan Realty Trust

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) Retail

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) Retail

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____
☐ Addition
☐ Alteration
☐ Porch or deck (state heights) _____
☐ Shed (state height) _____
☐ Fence (state type & height) _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☒ Other (please describe) Signs

CHECKLIST

- ☐ All information completed above
- ☐ Two (2) copies of a plot plan containing:
- ☐ All existing and proposed structures
- ☐ All dimensions of the lot and structures
- ☐ All setbacks from the structures to the property lines
- ☐ All adjacent streets and waterways
- ☐ If applicable, include a copy of the zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

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 Robert Battillo Date 5/18/01

Reviewed by Zoning Office OK Date 5/22/01 ☒ Approved ☒ Denied
6/6/01

**OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE**

BLOCK 1149 LOT 5 SITE ADDRESS 1930 Rt. 88
TYPE OF SITE Residential (~~Commercial~~) NAME OF BUSINESS KIRK - JIN
APPLICANT KIRK - JIN PHONE NUMBER 244-3224
APPLICANT ADDRESS 1889 Rt. 9 CITY & STATE NEW KENNY, NY 08435

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%
- ◇ The estimated equalized assessed value of the proposed construction is

\$ 100,000
Frederick R. Millman
Frederick R. Millman, CTA, Tax Assessor

6/12/01
Date

- ◇ The final equalized assessed value of the construction at the above referenced site is:

\$ _____

Frederick R. Millman, CTA, Tax Assessor

Date

Preliminary Fee Required _____
Preliminary Paid - 0 -

Date 6/12/01
Check # _____
Receipt # _____

Final Total Fee Required _____
Preliminary Paid _____
Final Paid _____
Balance Due - 0 -

Date _____
Check# _____
Receipt # _____

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.

6/8/01 - Tax paid
NO FEE REQUIRED

Frederick R. Millman
Office of Affordable Housing

APPROVED BY RET

DATE 6/12/01

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Joseph C. Scarpelli, Mayor



Township Council:

Kathy M. Russell - President
Stephen C. Acropolis
Kimberley S. Casten
Steven N. Cucci
Gregory S. Kavanagh
Tony R. Shupin
Frederick J. Underwood, Sr.

DEPARTMENT OF ADMINISTRATION & FINANCE

OFFICE OF LAND USE MANAGEMENT

Sean Kinnevy
Zoning Officer
(732) 262-1041

Kate MacDonald
Asst. Zoning Office
(732)-262-1043
Fax: (732) 262-8954
<http://www.twp.brick.nj.us>

Robert Batullo
1889 Route 9
Town River, NJ
08708

Date:

5-22-1

Re: Block:

1149

Lot:

1930 Rt 88

OK
6/6/1
SC
28

- ☐ Your application for a zoning permit is incomplete. In order to process your application, we need the following:
- ☐ Two (2) accurate plot plans, drawn either by a surveyor or an engineer. The plot plan must show all existing and proposed structures, all setbacks from property lines, all dimensions of the lot and structures, and all streets and waterways. No reduced, enlarged, taped or facsimile copies can be accepted.
 - ☐ A zoning permit application completely filled out and signed by the applicant. No facsimile copies can be accepted.

Upon submission of the required information to the Division of Inspections we will be able to process your application.

- ☒ Your application for a zoning permit is denied for the following reasons:

Banners are not permitted, as per
Section 190-164 of the Township Code.

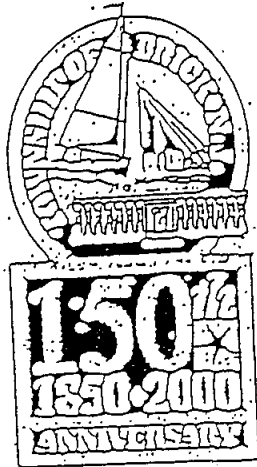
C: Mayor Joseph C. Scarpelli
Scott R. MacFadden, Business Administrator
Michael P. Fowler, AICP/PP, Municipal Planner
Joseph P. Curiazza, Construction Official

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

(732) 262-1050



C. Scarpelli Mayor

Department of Administration & Finance

Board of Council
Derrick J. Underwood, Sr - President
Stephen C. Acropolis
Timothy S. Casten
Steven M. Cucci
Gregory S. Kavanagh
Anthony M. Russell
Anthony R. Stupin

Office of Municipal Engineer

(732) 262-1038

Fax: (732) 262-8954

www.twp.brick.nj.us

Date: _____

Block 1149 Lot 5

Property Address: 1930 Route 88

I, Robert Battillo of 1889 Route 9, T.R.
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect as outlined in Chapter 190.31 if the Codified Ordinance of the Township of Brick

Robert A. Battillo
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: 6/7/01

Signed: [Signature]

Rejected on: _____

Signed: _____

Comments: _____

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 1930 Route 88

Block: 1149

Lot: 5

Owner's Name: New Plan Realty Trust

Owner's Mailing Address: N.Y., N.Y.

Phone: ()

BUILDING

Contractor: All-Life Signs

Address: 1889 Route 9

Toms River, N.J. 08755

Phone#: 732-244-3224

Lis #

Federal Emp # or SSN

Technical Data

Description of Work:

install (1) set of ~~non~~ illuminated
letters 1 Hr. Photo 59 sq. feet

~~install (2) set of illuminated letters~~

~~24 per~~

Type of Work

☐ New Building

☐ Addition

☐ Alteration

☐ Roofing

☐ Asbestos Abatement

☐ Siding

☐ Fence

☐ Pool

☐ Demolition

☒ Sign 59 sq ft

Building Characteristics

Use Group Present: Proposed:

No of Stories:

Height of Structure:

Area of the largest floor:

Area of New Building:

Volume of Structure:

Total Land Disturbed:

Cost of Alteration: 800.-

Cost of New Building:

Total Cost of Building Work: 800.-

Signature:

Please Print Name

ELECTRICAL

Contractor:

Address:

Phone#:

Lis #:

Federal Emp # or SSN

Technical Data

Item

Quantity

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors w/ Fract. HP

Emergency & Exit Lights

Communication Points

Alarm Devices/FAC Panel

Total

Pool

Spa/Hot Tub/Storable Pool

Electric Range

KW

Oven/Surface Unit

KW

Electric Water Heater

KW

Electric Dryer

KW

Dishwasher

KW

Garbage Disposal

HP

A/C Unit - Central Air

KW

Space Heater/Air Handler

KW

Baseboard Heating

KW

Motors 1+ HP

Transformer/Generator

KW

Light Stander

AMP

Service

AMP

Subpanel

AMP

Motor Control Center

AMP

Sign/Outline Light

KW

Furnace

Steam Boiler

Other:

Estimated Cost of Electrical Work:

Signature:

Please Print Name

CONTRACTOR'S SEAL