BLOCK 446.05 LOT 3 QUALIFICATION CODE 05-4/0 ADDRESS (SITE) 580 BRICK BLVD PERMIT NO. 01-2883

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 580 BRICK BLVD, BRICK
2. Name of Owner in Fee: NEW JERSEY GOLF HQ Tel. (732) 477-9002
   Address 580 BRICK BLVD BRICK 08723
   street municipality zip code
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: SIGNARAMA Tel. (732) 542-9100
   Address 28 Lewis St. Eatontown NJ 07724
   License No. OR, if new home, Builder Reg. No. 544 Exp. Date ____
   Federal Employee No. 223599939 FAX: (732) 542-9102
5. Architect or Engineer ____ Tel. (732) 542-9100
   Address ____
6. Responsible Person in Charge of Work KEN HOPF
   Tel. (732) 542-9100 FAX (732) 542-9102

COMMERCIAL

SIGN

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 39		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices	penalty 200.00		
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	4		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other	30		
13.	TOTAL	$ 243		

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	

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work		EMC	7/30		7/27/01	[illegible]			
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		GM	7/18/01		7/18/01	JL			0
	TOTAL COSTS									

OPTIONAL (for office use only)

IMPORTANT MANDATORY FEE COLLECTION

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

P.A.B.D.

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:

7/23/01

NO FEE REQUIRED

APPROVED

LDS BR 10100483

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.

X Signature Will Hanna, President Date 7/5/01

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 SIGNARAMA

Address 26 Lewis St
Eatontown NJ 07724

Telephone (732) 542-9100

Signature Chris Egi

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.				

C3B

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/01/2001
Control 0
Permit # 01-2038

USE NEW JERSEY

CONSTRUCTION PERMITS

IDENTIFICATION Block 146.05 Lot 3 Unit

Work Site Location 560 BRICK BLVD - GOLF SHOP
SIGN

Owner in Fee NEW JERSEY GOLF P
Address SAME
BRICK, NJ 08723-
Telephone (732)477-9002

Contractor SIGNARAMA
Address 26 LEWIS ST
MATAWAN, NJ 07720-
Telephone (732)542-9100
Lic. No. or Bldrs. Reg. No. 546
Federal Emp. No. 22-3359939

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LAND HAZARD ASSESSMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 5 only)

DESCRIPTION OF WORK:
2 SIDES OF CHANNEL LETTERS MOUNTED ON RACEWAY. POWER IS EXISTING
FRONT SIGN 42"X260"
SIDE SIGN 24"X176"

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 $ 5,000

Construction Official 08/01/2001

Date

O.C.C. P132 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	39
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other Penalty 200	
DCA Training Fee	4
Cert. of Occupancy	0
Other ZPA EPA 30	
Total	273
Check No.	1043
Cash	
Collected By	MR

08/01/01 12:28PM 000000#5840
XX02 SERV.002

#2833	
BUILDING	$39.00
DCA	$4.00
PENALTY	$200.00
ZPA	$15.00
EPA	$15.00
CHECK	$273.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/03/2001
Date Issued 8/1/01
Control # C5-46
Permit # 01-2833

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

Block 446.05 Lot 3 Qual
Work Site Location 580 BRICK BLVD - GOLF SHOP SIGN
Owner in Fee NEW JERSEY GOLF HQ
Address SAME
BRICK, NJ 08723-
Tele.(732)477-9002
Contractor SIGNARAMA
Address 28 LEWIS ST
EATONTOWN, NJ 07724-
Tele.(732)542-9100 Fax ( )
Lic. No. or Bldrs. Reg. No. 544
Federal Emp. No. 22-3359939

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

2 SETS OF CHANNEL LETTERS MOUNTED ON RACEWAY. POWER IS EXISTING
FRONT SIGN 42"X289"
SIDE SIGN 24"X176"

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 7/27/01
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

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 39 Sq. Ft.	39
[ ] Pool	0
[ ] Asbestos Abatement Subchapter B	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 $ 5,000
3. Total (1+2)$ 5,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 39
DCA Training Fee	$ 4

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/03/2001
Date Issued 8/1/01
Control # C5-46
Permit # 01-2835

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

Block 446.05 Lot 3 Qual
Work Site Location 580 BRICK BLVD - GOLF SHOP SIGN
Owner in Fee NEW JERSEY GOLF HQ
Address SAME
BRICK, NJ 08723-
Tele.(732)477-9002
Contractor SIGNARAMA
Address 28 LEWIS ST
EATONTOWN, NJ 07724-
Tele.(732)542-9100 Fax ( )
Lic. No. or Bldrs. Reg. No. 544
Federal Emp. No. 22-3359939

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DESCRIPTION OF WORK

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[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 7/27/01
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

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 39 Sq. Ft.	39
[ ] 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 $ 5,000
3. Total (1+2)$ 5,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 39
DCA Training Fee	$ 4

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
ZONING PERMIT

Approved: July 16, 2001 **No. 1.1159**

Block: 446.05 **Lot:** 3 **Zone:** B-2, General Business

Property Address: 580 Brick Boulevard, Riviera Plaza

Applicant: William Harrison; New Jersey Golf Headquarters

Property Owner: Lake Riviera Realty

Existing Use: Retail golf store.

Proposed Use: Same.

Proposed Construction: Replace wall signs: Two sets of channel letters; front, 42" x 289"; and side, 24" x 176", "Golf".

Conditions: The total sign areas may not exceed 15% of the total facade 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

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 Officer
(732)-262-1043
Fax:(732) 262-8954
http://www.twp.brick.nj.us

William Harrison
NJ Golf HQ
580 Brick Blvd.
Brick, NJ 08723

Date: 7-5-1

Re: Block: 446.05

Lot: 3

580 Brick Blvd.

☒ 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.

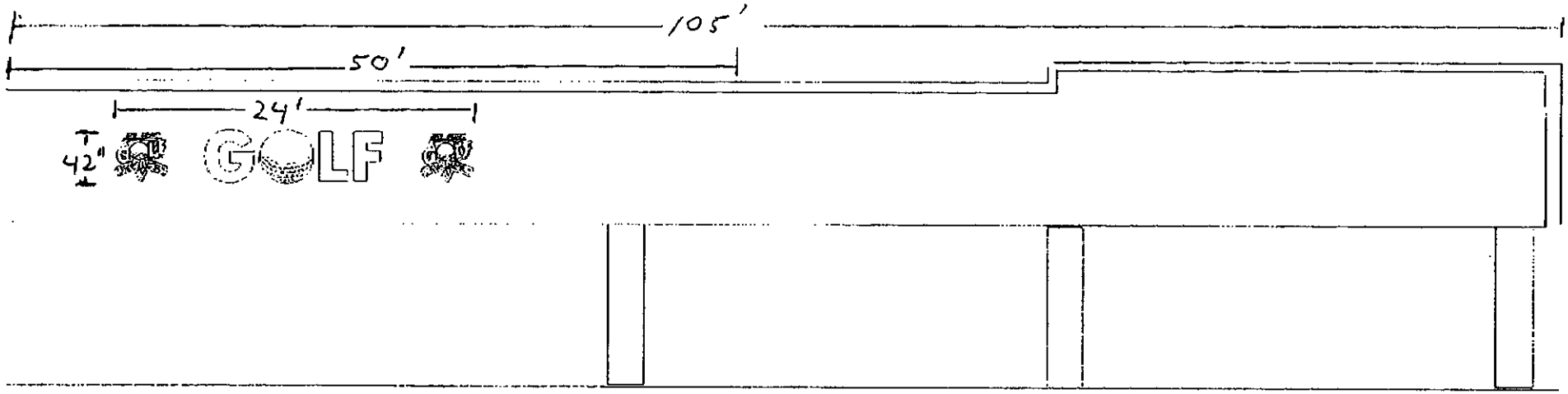
Upon submission of the required information to the Division of Inspections we will be able to process your application.

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

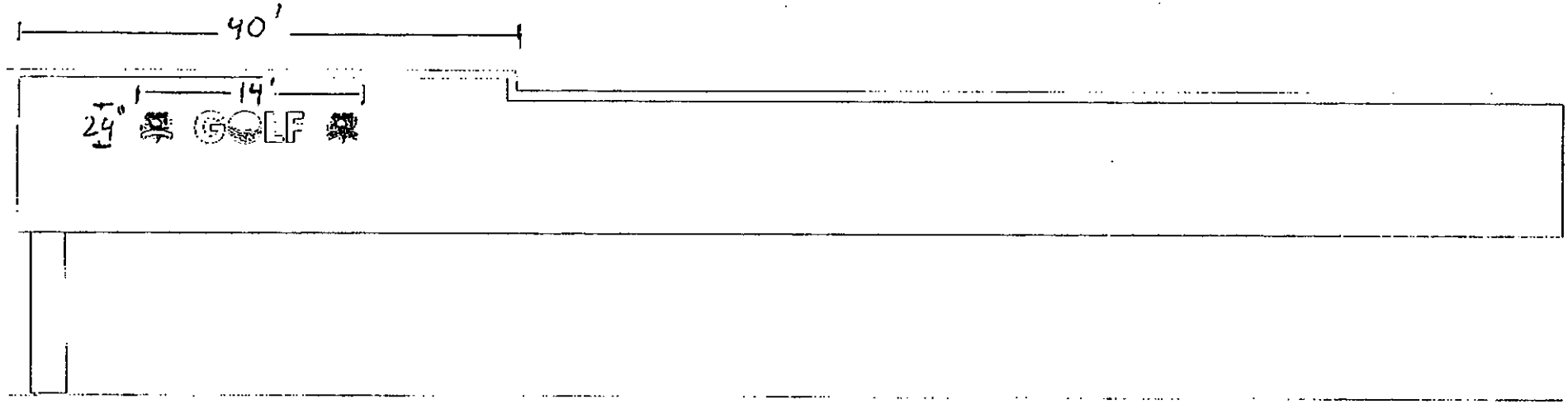
Two copies of drawings showing the facades of the building and sign locations must be submitted. The construction permit application must be properly completed.

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

FRONT



SIDE



ATTN. BILL

FROM KEN

SIGN-A-RAMA

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

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

Department of Engineering

Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

Date: 07-03-01

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

RE: Block: 446.05 Lot: 3

Property Address: 580 Brick Blvd

I, _____ of _____,
(name) (address)

Request to be exempted from the plot plan requirement for an addition as outlined in the Brick Land Use Book, Chapter 190.31, part B.

COMMERCIAL

_____
Applicant's Signature

The following shall be submitted with this request:

1. Submit survey locating existing dwelling and proposed addition. Dimensions of 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.

OFFICE USE

Approved: 7/18/01 Signed: [signature]

Rejected: _____ Signed: _____

Comments: _____

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 446.05 LOT 3 SITE ADDRESS 580 Millwood
TYPE OF SITE Residential / Commercial NAME OF BUSINESS NJ Self Storage Corp
APPLICANT [illegible] PHONE NUMBER 542-9100
APPLICANT ADDRESS [illegible] CITY & STATE [illegible]

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 %

X Commercial is .01%

X The estimated equalized assessed value of the proposed construction is

$ _____

Frederick R. Millman, CTA, Tax Assessor — 7/23/01 Date

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

$ -0-

Frederick R. Millman, CTA, Tax Assessor — Date

Prelininary Fee Required -0- Date _____
Preliminary Paid _____ Check # _____
Receipt # _____

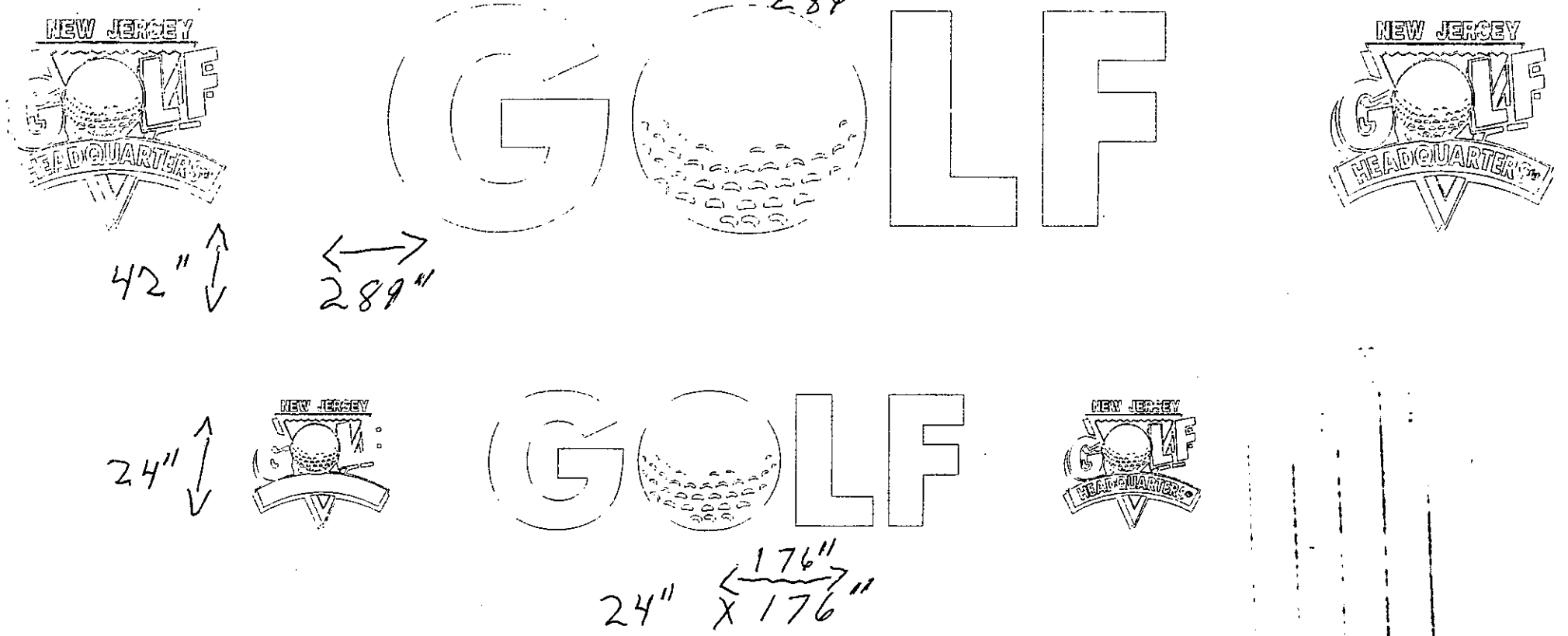
Final Total Fee Required -0-
Preliminary Paid _____ Date _____
Final Paid _____ Check# _____
Balance Due _____ Receipt # _____

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.

7/15/01 - Tax Clerk. — [illegible]
Office of Affordable Housing

[illegible] 7/23/01



Channel letters:

Letters Fabricated from 040 Aluminum backs & returns

4 1/2" deep. Acrylic Faces with 1" trim cap.

13 mm d/stroke Neon. letters mounted to raceway

& installed Flushmount to wall - Power is existing.

COLORS

green cans, faces

white trim

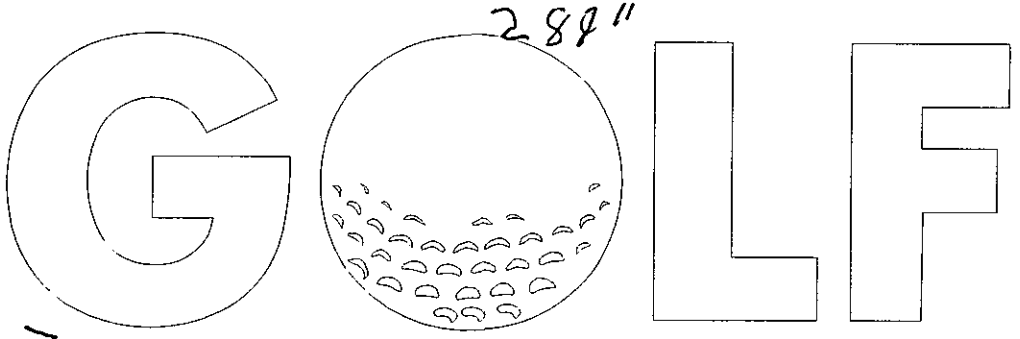
Ivory raceway

BLOCK DIAGRAM

Plan Review	Class	Date	By
Zoning			
Plumbing			

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning (2)	Wall Signs	7/16/11	[illegible]
Plumbing			
Building			
Fire			
Energy			
Electrical			

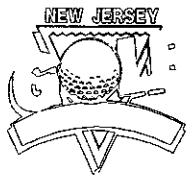


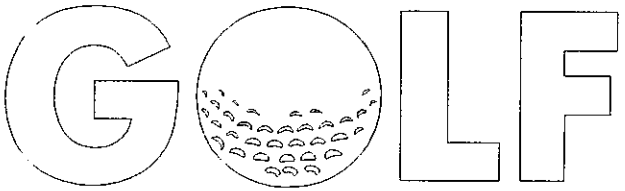
28 9/16"

42"

28 9/16"

24"





24" X 176"

176"

Channel letters:

Letters Fabricated from .040 Aluminum backs & returns 4 1/2" deep. Acrylic faces with 1" trim cap. 13mm d/stroke neon. letters mounted to raceway & installed flushmount to wall - Power is existing.

COLORS

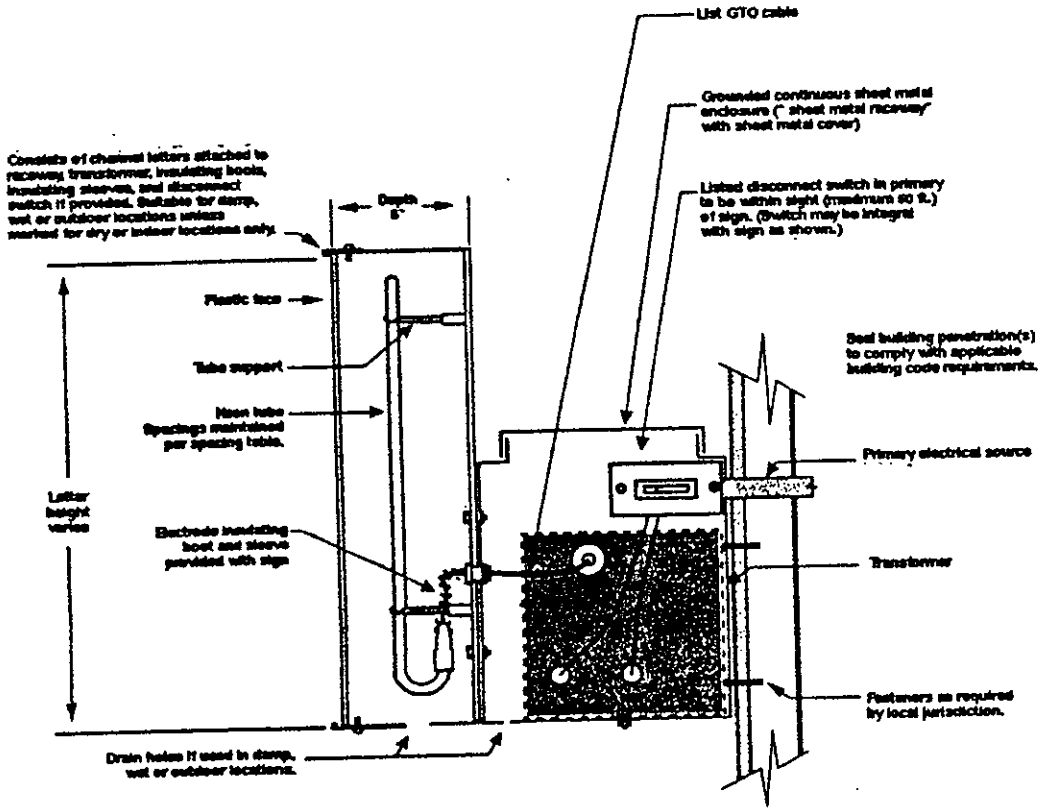
green cans, faces

white trim

Ivory raceway

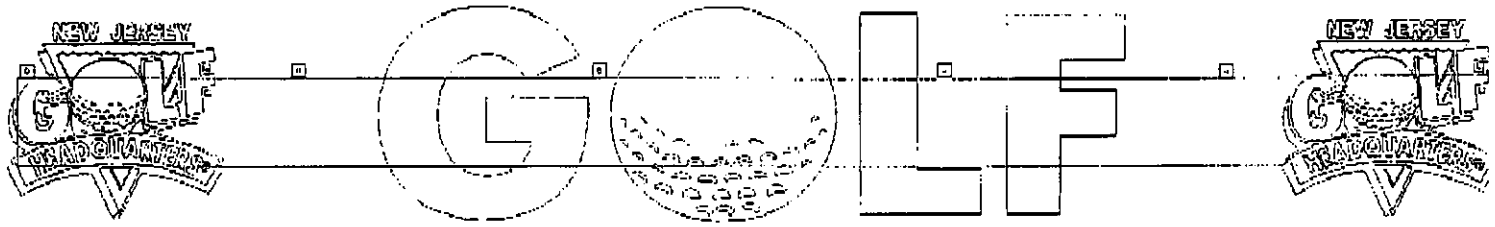
BRICK TOWNSHIP

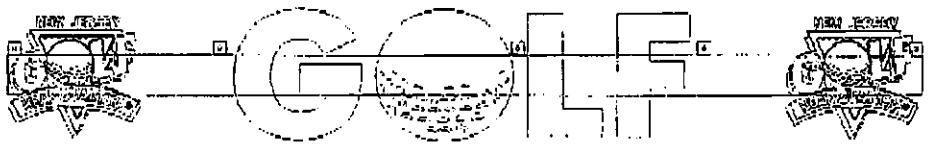
Plan Review	Class	Date	By
Zoning			
Plumbing			
Building			
Fire			
Energy			
Electrical			


List GTO cable
Grounded continuous sheet metal enclosure (" sheet metal raceway" with sheet metal cover)
Listed disconnect switch in primary to be within sight (maximum 60 ft.) of sign. (Switch may be integral with sign as shown.)
Consists of channel letters attached to raceway, transformer, insulating boots, insulating sleeves, and disconnect switch if provided. Suitable for damp, wet or outdoor locations unless marked for dry or indoor locations only.
Depth 5"
Plastic face
Tube support
Neon tube Spacings maintained per spacing table.
Letter height varies
Electrode insulating boot and sleeve provided with sign
Seal building penetration(s) to comply with applicable building code requirements.
Primary electrical source
Transformer
Fasteners as required by local jurisdiction.
Drain holes if used in damp, wet or outdoor locations.

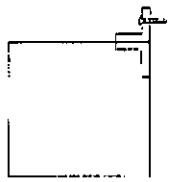
BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning (2) wall Signs		7/16/11	NC
Plumbing			
Building			
Fire			
Energy			
Electrical			





SIDE VIEW



ATTN. JOE CURIAZZA,

INSTALLATION OF CHANNEL LETTERS ON RACEWAYS.

2"x2"x3/16" GALVANIZED STEEL ANGLE BRACKETS MOUNTED TO STEEL FRAME OF RACEWAY.

ANGLE BRACKETS FASTENED TO FACADE USING 3/8x3" LAG BOLTS & 7/16x6" TOGGLE BOLTS ON ÖNA BRACKETS.

ALL BRACKETS & BOLTS SEALED WITH SILICONE.

FROM, KEN HOFF
SIGN-A-RAMA
542-9100

PLEASE CALL IF YOU NEED ADDITIONAL INFORMATION.

THANK YOU,

Kenneth Hoff

401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Control # C5-46
Permit #

UCC NEW JERSEY

NOTICE AND ORDER OF PENALTY

IDENTIFICATION

Work Site Location 580 BRICK BLVD - GOLF SHOP Block 446.05 Lot 3

Owner in Fee NEW JERSEY GOLF HQ
Address

Agent/Contractor SIGNARAMA
Address 28 LEWIS ST
EATONTOWN, NJ 07724

ACTION

Date of Notice 07/25/2001 Compliance Due Date 07/31/2001 Date of Inspection 07/24/2001

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that:
NJAC 5:23-2.14 PERMIT REQUIRED WORK DONE BEFORE PERMIT ISSUED

You are hereby ordered to terminate the said violations on or before 07/31/2001. No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

[ ] Failure to comply with this Order will subject you to a penalty of $ 0 per week.

[X] You are hereby ordered to pay a penalty in the amount of $ 450 for each violation for a total penalty of $ 450. Each week that any of the said violations remain outstanding after 07/31/2001 shall result in an additional penalty of $450 per week.

If you wish to contest the validity of the above action, you may request a hearing before the Construction Board of Appeals of the BOARD OF APPEAL/OCEAN COUNTY within 15 days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $100 to be forwarded with your application to the Construction Board of Appeals office at 2 MOTT PLACE, TOMS RIVER, NJ 08753.

If you have any questions concerning this matter, please call: JOE CURIAZZA, CONSTRUCTION OFFICIAL 732-262-1030.
NOTICE OF VIOLATION AND ORDER TO TERMINATE: _____ sco DATE: 7-25-01
NOTICE AND ORDER OF PENALTY: _____ co DATE: _____

U.C.C. F210 (rev. 3/96)

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 580 BRICK BLVD
Block: 446.05 Lot: 3
Owner's Name: NEW JERSEY GOLF HEADQUARTERS (BILL HARRISON)
Owner's Mailing Address: 580 BRICK BLVD
BRICK, NJ
Phone: (732) 477-9002

BUILDING

Contractor: SIGNARAMA
Address: 28 Lewis St
Eatontown NJ 07724
Phone#: 732 542-9100
Lis # 544
Federal Emp # or SSN 223359939

Technical Data

Description of Work:

2 sets of channel letters mounted on raceway. Power is existing.

DRAWINGS PROVIDED

Type of Work

___New Building
___Addition
___Alteration
___Roofing
___Asbestos Abatement
___Siding
___Fence
___Pool
___Demolition
✓ Sign _____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:_____

Cost of New Building:_____

Total Cost of Building Work: 5,000.00

Signature: Chris Egr.

Please Print Name Chris Egr.

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

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures Quantity

Water Closets_____
Urinals/Bidets_____
Bath Tub_____
Lavatory_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Water Cooled A/C or Refrig. Unit_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Other:

Estimated Cost of Plumbing Work_____

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____

Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Haloh Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances_____

Furnace_____
Gas/Wood Fireplace_____
Gas Logs_____
Wood Burning Stove_____
Other:

Estimated Cost of Fire Work_____

Signature:_____

Print Name:_____