547.01

BLOCK ~~547.10~~ LOT 15 QUALIFICATION CODE _____ ADDRESS (SITE) 391 Brick Blvd PERMIT NO. 18-0623

CONSTRUCTION PERMIT APPLICATION

C18-000647

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

I. IDENTIFICATION

1. Proposed Work Site at: 391 [redacted] Brick Blvd Brick NJ (DRUM POINT PLAZA)
2. Name of Owner in Fee: DRUM POINT PLAZA LLC
   Tel. (732) 477-6363 e-mail degeorge@aol.com
   Address 249 Brick Blvd (street) Brick (municipality) (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Signarama of TR Tel. (732) 914-1150
   Address 1333 Rt 9 Toms River NJ e-mail sales@signarama-tomsriver.com
   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. 45-52[redacted]148 FAX: (732) 914-1152
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun WARREN Segall
   Tel. (732 914-1150 FAX: (732) 914-1152

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$150 ✓		
2. Electrical	150 ✓		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	$3		
10. Subtotal	$303		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$378		

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	
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 ____	

COMMERCIAL

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		MP			03/07/18	Wall			
☑ Electrical		~~3/1/18~~ 3/6/18			3/6/18	PE			
☐ Plumbing		~~3/20/18~~							
☐ Fire Protection									
☐ Elevator		Eng	Exempt		3/1/18	EC			
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
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 _____

III. PLAN REVIEW (optional)

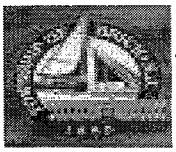
DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

U.C.C. F100-1 (rev. 8/08)

Tenant - Deane - 732-664-3531



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 5/4/2018
Control Number C-18-000647
Permit Number 18-0623
Permit Issue Date 3/12/2018
Certificate Number 18-0623

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 391 BRICK BLVD. Brick Township, NJ Block: 547.01 Lot: 15 Qual:

Owner in Fee: DRUM POINT PLAZA LLC

Owner Address: 249 BRICK BLVD BRICK NJ 08723

Telephone: (732) 477-6363

Contractor SIGNARAMA OF TOMS RIVER

Address 1333 Route 9 Toms River NJ 08755

Telephone: (732) 914-1150 Fax: (732) 914-1152

License Number or Builders Registration Number: Federal Emp. Number: 22-3359939

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SIGN INSTALLATION - -Q'FASHION ...ILLUMINATED FACADE SIGN

Certificate Comments:

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

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

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

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

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 5/4/2018

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

547.01/15

ELECTRICAL SUBCODE TECHNICAL SECTION

"Q-FASHION"

Date Received 3/12/18
Control #
Date Issued
Permit # 18-0623

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

Block 547.01 Lot 15 Qualification Code

Work Site Location 391 Brick Blvd Brick NJ

Owner in Fee: Drum Point Plaza LLC

Tel. 732 477-6363 e-mail degeorgeden@aol.com

Address 249 Brick Blvd Brick 08723
(street, municipality, zip code)

Contractor: Experior Electric Inc Tel. (732) 245-7435

Address 1889 Route 9 Unit 100 e-mail ExperiorElectric@gmail.com
Toms River NJ 08755

Contractor License No. 14890 Exp. Date 03/31/2018

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223842618 FAX: (732) 240-2082

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 200

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner/electrical contractor and authorized to make this application and perform the work listed in this application.

Applicant sign/Contractor sign and seal here:

Print name here: Vincent Zenna

[X] Licensed Elec. Contractor [ ] Certified Handyman [ ] Electrical Sign Hanger [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: H001C SIGN UP TO EXISTING ELECTRIC

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	
		AMP Motor Control Center	
1	5	KW Elec. Sign/Outline Light	

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[✓] Electric Plans Approved
Date: 3/6/18 Approved by: RF

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3/6/18
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 4/26/18
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			4-25-18	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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

U.C.C. F120 (rev. 11/09) Internet version

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 3/12/18

Date Issued Permit # 18-0623

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

Block ~~247.10~~ 547.01 Lot 15 Qualification Code

Work Site Location 391 Brick Blvd Brick NJ

Owner in Fee: Drum Point Plaza LLC

Tel. (732) 477-6363 e-mail Sales@Signarama-tomsriver.com

Address (street) (municipality) (zip code)

Contractor: Signarama of TR Tel. (732) 914-1150

Address 1333 RT 9 Toms River e-mail Sales@signarama-tomsriver.com

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

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 45-5281148 FAX: (732) 914-7152

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[✓] All	03/07/18	ttel
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: 03/07/18

Approved by: KM

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 04/25/18

Approved by: KM

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			4.25.18	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

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

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:

State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 1800

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: W Segall

Print name here: WARREN SEGALL

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install qty 1 LED, FRONT LIT, ILLUMINATED CHANNEL LETTER SIGN ON RACEWAY COMMERCIAL

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [X] Sign 18 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 $ _____

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

1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(✓ Check if contractor.

Agent Name WARREN SEGALL - Signarama of T.R

Address 1333 RT 9 Toms River NJ 08755

Telephone (732) 914 - 1150

Signature WSegall

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

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 547.~~00~~1 LOT: 15 ADDRESS: 391 Brick Blvd Brick NJ

IDENTIFICATION:

1. WORK SITE ADDRESS: 391 Brick Blvd Brick NJ
2. NAME OF OWNER IN FEE: Drum Point Plaza LLC
   ADDRESS: 249 Brick Blvd PHONE #: (732) 477-6363
   _____ FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: Signarama of TR
   ADDRESS: 1333 RT9 PHONE #: (732) 914-1150
   Toms River NJ FAX #: (732) 914-1152
4. ARCHITECT OR ENGINEER: _____
   ADDRESS: _____ PHONE: # (__) _____
5. RESPONSIBLE PERSON FOR WORK: Signarama of TR
   ADDRESS: 1333 RT9 Toms River NJ

PHONE #: (732) 914-1150 FAX #: (732) 914-1152 E-MAIL: sales@signarama-tomsriver.com

PROJECT DESCRIPTION:

☐ GRADING/CLEARING ☐ ROAD OPENING
☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL
☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____
☐ OTHER Sign - Channel Letter

LENGTH: 132" WIDTH: — HEIGHT: 20"

FEE SUMMARY:

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

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

ENGINEERING REVIEW:

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

CONSTRUCTION PERMIT

Date Issued 3/12/18
Control # C18-000647
Permit # 18-0623

IDENTIFICATION Block: 547.01 Lot: 15 Qualifier
Work Site Location: 391 BRICK BLVD. Brick Township, NJ

Owner in Fee: DRUM POINT PLAZA LLC
249 BRICK BLVD BRICK NJ 08723
Telephone: (732) 477-6363

Contractor: SIGNARAMA OF TOMS RIVER
Address: 1333 Route 9 Toms River NJ 08755
Telephone: (732) 914-1150
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3359939

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SIGN INSTALLATION -Q'FASHION...ILLUMINATED FACADE SIGN

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $2,000

D. Dunman Jr TRF
Construction Official

3/7/18
Date

PAYMENTS (Office Use Only)

Building	$150
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$303
Check No.	
Cash	$0
Credit	$0
Collected By	CW

+15
318

03/12/18 SIGNARAMA
#003 SERV 003
BUILDING $150.00
ELECTRIC $150.00
DCA $3.00
CHECK $303.00

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:

- [x] 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".

- [x] A complete copy of released plans must be kept on the job site.

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

RECEIVING CLERK _____
DATE REC'D ~~2/20/18~~ 2/21/18

ZONING PERMIT APPLICATION

PERMIT # ZP-18-00215
DATE ISSUED 3/12/18

BLOCK: 547.02 LOT: 15 QUALIFIER: _____ SITE ADDRESS: 391 Brick Blvd Brick NJ

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Drum Point PLAZA LLC
   COMPLETE ADDRESS: 249 Brick Blvd Brick NJ 08723
   PHONE # 732-477-6363 EMAIL: _____
2. NAME OF APPLICANT: Signarama of Toms River
   APPLICANT ADDRESS: 1333 RT 9 Toms River NJ 08755
   PHONE # 732-914-1150 EMAIL: sales@signarama-tomsriver.com
3. RESPONSIBLE PERSON FOR WORK: Warren Segall
   PHONE# 732-914-1150 FAX# 732-914-1152
4. SIGNATURE OF APPLICANT: W Segall

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 25-
OTHER: $ _____
TOTAL: $ 25-

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ~~X~~ COMMERCIAL
EXISTING USE: Restaurant
PROPOSED USE: Clothing Store

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 _____ MATERIAL _____

HEIGHT: 20"H X 132"W (*IF APPLICABLE)

OTHER SIGN - LED illuminated

DESCRIPTION: FRONT LIT CHANNEL SIGN ON RACEWAY / LED ILLUMINATED

ZONING REVIEW:
DATE REVIEWED: 2-26-18 DATE DENIED: _____ DATE APPROVED: 2-26-18 INTLS: CW

(SEE BACK PAGE)

OFFICE USE ONLY

ZONING REVIEW:

DATE REVIEWED: 2/26/18 DATE DENIED: _____ DATE APPROVED: 2/26/18 INTLS: SCZ

DATE:	COMMENTS:	INITIALS:
2/26/18	SENT TO Anm	SCZ

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued: 3/12/18
Application Number: ZA-18-00181
Application Date: 2/26/2018
Project Number:
Permit Number: ZP-18-00215
Fee: $75.00

Zoning Permit

Worksite **335-399 BRICK BLVD.**
Location: **Brick Township, NJ 08723**

Owner: **DRUM POINT PLAZA LLC**
Address: **249 BRICK BLVD**
BRICK, NJ 08723

Applicant: **SIGNARAMA OF TOMS RIVER**
Address: **1333 Route 9**
Toms River, NJ 08755

Block: **547.01** Lot: **15** Qualifier: _____ Zone: **B-2**

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

Present Use: **Professional Offices**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Retail Store (Q'Fashion)**

Work Description:

Sign - Installation of an LED illuminated channel latter sign on raceway.(18 Sq. Ft.)

The sign cannot exceed 15% of the storefront facade.

Additional Zoning Permit is required for additional work.

Application Approved Date: 2/26/2018

Upon review it was determined that the Zoning Permit:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on: _____
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Christopher J. Romano, Assistant Zoning Officer — 2/26/2018 Date

Sean Kinnevy, Zoning Officer — 2/26/18 **Date**

DATE/TIME/PROOF	JOB/PROJECT	CUSTOMER INFO
Current Date: 1/10/2018 Current Time: 3:27:43 PM **QT#7584**	Company: QUALITY FASHION LED RACEWAY CHANNEL LETTERS	Name: Phone: Fax: E-mail:

File Name: Illuminated Channel Letters on Raceways.fs

Directory Name: Z:\Jobs\DermOne\2017\2017 - Howell 51 Kent Rd\Sealed Drawings

DESCRIPTION

Block 547.10 Lot 15
Owner in Fee:
Drum Point Plaza, LLC
249 Brick Blvd, Brick NJ
732-477-6363

Zoning Review
Approval
By: Sign
Date: 2-26-18

STORE FRONT SQ FT: 256 SF
SIGN SQ FT: 18 SF
TOTAL FACADE PERCENT SIGN WILL USE: 7%

TO ASSURE SAFETY AND QUALITY OUR PRODUCTS IS ® LISTED

THIS RENDERING IS INTENDED AS A SAMPLE ONLY. COLOR, TEXTURE, MEASUREMENTS, AND ACTUAL APPEARANCE MAY VARY SLIGHTLY FROM COMPLETED WORK AND IS CONSIDERED NORMAL & USUAL.

Please check layout (artwork, spelling, dimensions) and fax back with signature. Production cannot begin until written approval is received. Additional charges will be applied for any changes that are needed after approval is received. SIGNARAMA is not responsible for any errors in spelling, layout, or dimensions that have been approved by the customer. The proof is for listed items only. Any changes or deletions by the customer not shown or charged here in will be billed separately.
50% DEPOSIT DUE AT TIME OF ORDER **(full amount if under $100), balance due upon time of installation or pick up.** I HAVE READ AND AGREE TO ALL TERMS. INITIAL _____

Signarama
The way to grow your business.
1333 Lakewood Rd (Rt.9), Toms River, NJ 08755
Phone: 732-914-1150 Fax: 732-914-1152
Email: sales@signarama-tomsriver.com

I HAVE REVIEWED THE ABOVE SPECIFICATIONS & HEREBY FULLY UNDERSTAND THE CONTENT OF WORK TO BE PERFORMED & APPROVE THIS PROJECT TO BEGIN:

CUSTOMER APPROVAL SIGNED BY :_____
PRINT :_____ DATE:_____
LANDLORD APPROVAL SIGNED BY :_____
PRINT :_____ DATE:_____

Multi-Tech Engineering, Inc.

834 Wave Drive, Forked River, NJ 08731
(201) – 803-7546 rrs417@optonline.net

Date: January 11, 2018

Client: Signarama
1333 Lakewood Rd. (Rt. 9)
Toms River, NJ 08755

Project: Quality Fashion
249 Brick Blvd.
Brick, NJ Block 547.10 Lot 15

The proposed LED Raceway Mounted Channel Letter Sign meets the following design criteria:

WIND LOADS
The sign is designed in accordance with section 1609.0 of the International Building Code / 2015 to resist 130MPH wind pressure from all directions per figure 1609.3 based on geographical location, building classification and exposure rating. Also complies with 90 MPH wind load at 3 second gusts.

SNOW LOADS
The sign is designed in accordance with section 1608.0 of the International Building Codes / 2015 to withstand a 35 lb/sq ft snow load. Snow loading is per figure 1608.2 of the IBC code and is classified as "Ground Snow Loads" which is based on the geographical location. .

LIVE LOADS
The sign is designed in accordance with section 1607.0 of the International Building Codes / 2015 to withstand a 35 lb/sq ft live load.

IBC Code 2015 Section H105 Design and Construction (Signs)
The design proposed is in compliance with sections H105.1 through Section H105.6 inclusive. The wind, snow and live loads comply with Section H105 as depicted in Chapter 16 of the IBC 2015 codes.

I hereby certify that this report, calculations, and/or evaluations has been prepared by me or under my direct supervision and that I am a duly licensed engineer under the laws of the States of New Jersey, New York and Pennsylvania.

Ronald R. Sydoruk, P.E.
Professional Engineer
NJ License # 24GE03128600
NY License # 79152
PA License # 35473-E
NJ Special Inspectors License # 01101