BLOCK 547.01 LOT 15 QUALIFICATION CODE _____ ADDRESS (SITE) 355 Brick Blvd. 08723 PERMIT NO. 20-1974

CONSTRUCTION PERMIT APPLICATION

CO-000178

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

I. IDENTIFICATION

1. Proposed work Site at: The Salon 355 Brick Blvd
2. Name of Owner in Fee: DrumPoint Plaza LLC
   Tel. _____ e-mail _____
   Address 249 Brick Blvd. Brick NJ 08723 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Northeast Sign & Lighting Tel. 732-899-2887
   Address 1225 River Ave. Pt. Pleasant NJ 08742 e-mail info@northeastsignco.com
   License No. OR, if new home, Builder Reg. No. N/A Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): N/A
   Federal Emp. ID No. 223557446 FAX: _____
5. Architect or Engineer Murdoch Engineering Contact Jere Murdoch
   Address 2 Hummingbird Ct. Howell NJ 07731 e-mail _____
   Tel. 973-570-8215 FAX: _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. 732-833-2887 FAX: _____

The Salon

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	6-		
10. Subtotal	$ 75-		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 381-		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area — Largest Floor sq. ft.	
4. New Building Area sq. ft.	
5. Volume of New Structure cu. ft.	
6. Max. Live Load	
7. Max. Occupancy Load COMMERCIAL	
8. If Industrialized Building: State Approved _____ HUD _____	
9. Total Land Area Disturbed sq. ft.	
10. Flood Hazard Zone	
11. Base Flood Elevation ft.	
12. Wetlands yes_____ no_____	

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. - Subch. 8 ☐ Lead Hazard Abatement ☐ Redon Remediation ☐ 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					03/30/20	KEK			
☐ Electrical					3 2020	TO			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Eng Exempt			3/18/2020	ECE			
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. ☐ Hazardows 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. ☐ LP Gas Tanks
12. ☐ Fire Alarm

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: Northeast Sign + Lighting

Address: 1221 [illegible] Rd
Pt Pleasant NJ

Telephone: 732-899-2887

Signature: [signature]

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 9/28/2020
Control Number C-20-000778
Permit Number 20-1974
Permit Issue Date 8/25/2020
Certificate Number 20-1974

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 355 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:

Contractor NORTHEAST SIGN & LIGHTING

Address 1225 RIVER AVE PT PLEASANT NJ 08742

Telephone: (732) 899-2887 Fax: Federal Emp. Number: 22-3557446

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SIGN INSTALLATION - - THE SALON ...INSTALL 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:

David J. Newman Jr.

Construction Official

Fee: $0.00

Check Number:

Collected By:

Date Printed: 9/28/2020

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

The Salon

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 8/25/2020
Control #
Date Issued
Permit # 20-1974

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 The Salon
355 Brick Blvd. Brick NJ 08723

Owner in Fee: Drum Point Plaza LLC

Tel. ( ) e-mail

Address 249 Brick Blvd. (street) Brick NJ (municipality) 08723 (zip code)

Contractor: Empire Electric Co Inc Tel. (732) 681-1115

Address 4130 W. 18th Ave e-mail
Wall, NJ 07727

Contractor License No. 13843A Exp. Date 3/21

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

Federal Emp. ID No. 20-0088355 FAX: (732) 681-1117

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 of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor's signature here: Thomas T Crader

Print name here: Thomas T Crader

[X] Licensed Elec. Contractor [ ] Certified Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Connect Sign to Existing Feed

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	
		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	.45	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: 8/26/20 Approved by: TCC
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 8/26/20
Approved by: TCC — Acting
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 9-3-2020
Approved by: VM

INSPECTIONS Type:	Failure	Failure	Approval	Initial
			Dates (Month/Day)	
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9/1/20	RD
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 $

The Salon

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 8/25/2020
Control #
Date Issued
Permit # 20-1974

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 The Salon
355 Brick Blvd. Brick, NJ 08723

Owner in Fee: Drum Point Plaza LLC

Tel. e-mail

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

Contractor: Northeast Sign & Lighting, Inc. Tel. (732) 899-2887

Address 1225 River Ave e-mail info@northeastsignco.com
Pt. Pleasant, NJ 08742

Contractor License No. or Builder Registration No. N/A Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason N/A

Federal Emp. ID No. 223557446 FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	03/30/20	KEH
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 03/30/20
Approved by: KEH

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 09/01/20
Approved by: KEH

INSPECTIONS Type:	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			9-1-20	
Barrier-Free				

Dates (Month/Day)

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. $ 3,065
2. Rehabilitation $
3. Total (1+ 2) $ 3,065

C. CERTIFICATION IN LIEU OF AOTH

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

Sign here:

Print name here: Michael DeFalco

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installation of (1) ~~25~~ 26" x ~~128~~ 132" LED raceway sign as per the drawing supplied.

COMMERCIAL

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[X] Sign 24 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)
Internet version

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

CONSTRUCTION PERMIT

Date Issued 8/25/2020
Control # C-20-000778
Permit # 20-1994

IDENTIFICATION Block: 547.01 Lot: 15 Qualifier
Work Site Location: 355 BRICK BLVD. Brick Township, NJ
Contractor NORTHEAST SIGN & LIGHTING
Address 1225 RIVER AVE PT PLEASANT NJ 08742
Owner in Fee DRUM POINT PLAZA LLC
249 BRICK BLVD BRICK NJ 08723
Telephone: (732) 899-2887
Lic. No. or Bldrs. Reg. No.
Telephone:
Federal Employee. No. 22-3557446

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 - THE SALON ...INSTALL ILLUMINATED FACADE SIGN

PAYMENTS (Office Use Only)

Building	$150
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$6
CO Fee	
Other	$0
Total	$306
Check No.	1194
Cash	$0
Credit	$0
Collected By	M. Fagan

+75
381

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 $3,265

Construction Official Date 4/16/20

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 ______

ZONING PERMIT APPLICATION

PERMIT # ZP-20-00950

DATE ISSUED 8/25/2020

BLOCK: 547.01 LOT: 15 QUALIFIER: — SITE ADDRESS: The Salon 355 Brick Blvd

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Drum Point Plaza LLC
   COMPLETE ADDRESS: 249 Brick Blvd Brick 08723

   PHONE # ______ EMAIL: ______

2. NAME OF APPLICANT: Northeast Sign
   APPLICANT ADDRESS: 1225 Ocean Ave
   Pt Pleasant NJ

   PHONE # 732-899-2887 EMAIL: info@northeastsignco.com

3. RESPONSIBLE PERSON FOR WORK: Mike De Marco
   PHONE# 732-539-0888 FAX# ______

4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 75-

OTHER: $ ______

TOTAL: $ 75-

REQUIRED BY APPLICANT

RESIDENTIAL: ______

COMMERCIAL: ✓

EXISTING USE: ______

PROPOSED USE: The Salon

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: ______ (*IF APPLICABLE)

OTHER Sign (24 sq ft)

DESCRIPTION: Installation of sign as per drawing

ZONING REVIEW:

DATE REVIEWED: 3-17-20 DATE DENIED: ______ DATE APPROVED: 3-17-20 INTLS: [initials]

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) **Four (4) copies of 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.

2) **Two copies of the plans with dimensions and heights noted:**

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

Choose which is applicable for submission

3) **Plot plans and building plans must match for complete review**

NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED

01/2010

Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1041

Date Issued: 8/25/2020
Application Number: ZA-20-00262
Application Date: 3/10/2020
Project Number:
Permit Number: ZP-20-00950
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: **NORTHEAST SIGN & LIGHTING**
Address: **1225 RIVER AVE**
PT PLEASANT, NJ 08742

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: **Beauty Salon**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Beauty Salon (The Salon)**

Work Description:

Sign - Installation of a 26"h x 132"w raceway channel letter facade sign, "the Salon."

The sign cannot exceed 15% of the storefront facade.

Additional Zoning Permit is required for additional work and signage.

Application Approved Date: 3/17/2020

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, Zoning Officer — 3/17/2020 Date

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK ______

PERMIT # ______

BLOCK 547.01 **LOT** 15 **ADDRESS** The Square 355 Brick Blvd

IDENTIFICATION:

1. WORK SITE ADDRESS The Square 355 Brick Blvd Brick
2. APPLICANT Northeast Sign
3. NAME OF OWNER IN FEE Drum Point Plaza LLC
   ADDRESS 249 Brick Blvd
   PHONE ______ EMAIL ______
4. PRINCIPAL CONTRACTOR Northeast Sign
   ADDRESS 1225 Ocean Ave Pt Pleasant NJ
   PHONE 732-899-2887 EMAIL info@northeastsignco.com
5. ARCHITECT OR ENGINEER Messick
   ADDRESS 2 Hummingbird Ct Howell NJ
   PHONE 973-570-8215 EMAIL ______
6. RESPONSIBLE PERSON FOR WORK Mike De Mauro
   ADDRESS 1225 Ocean Ave Pt Pleasant 08742
   PHONE 732-899-2887 EMAIL info@northeastsignco.com

PROJECT DESCRIPTION:

- ☐ GRADING/CLEARING
- ☐ ROAD OPENING
- ☐ SOIL REMOVAL / FILL
- ☐ RETAINING WALL
- ☐ POOL
- ☐ BULKHEAD / DOCK
- ☐ DWELLING
- ☐ TREE REMOVAL
- ☐ COMMERCIAL SITE MAINTENANCE
- ☑ DESCRIPTION Sign Installation

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 ______