BLOCK 610 LOT 9 C27-10 ADDRESS (SITE) 990 Cedar Bridge Rd PERMIT NO. 00-0402

RECEIVED 2000

DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION MAIL IN

UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work-site at: 990 Cedar Bridge Rd.
2. Name of Owner Attitudes Tel. 270585
   Address 990 Cedar Bridge Rd. (street) Brick (municipality) NJ (zip code)
3. Ownership Public _____ Private _____
4. Principal Contractor: MARK-O-Lite Sign Co. Tel. (732) 462-8530
   Address 1420 Rt. 9 South Howell N.J. 07731
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. 22-2239194 Social Security No. _____
5. Architect or Engineer _____ Tel. (___) _____ ✓
   Address _____
6. Responsible Person in Charge of Work Howard Mark Tel. (732) 462-8530

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	35		
2. Electrical		35		
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		2		
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other		32 ✓		
13. TOTAL	$	102		

NO FEE REQUIRED

APPROVED BY KT DATE 2-10-00

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 _____ sq. ft.
    no _____
11. Max. Live Load
12. Max. Occupancy Load

COMMERCIAL

II. PROPOSED WORK

	Est. Cost
1. ☑ Minor work (single trade)	3000
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☑ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	3000 ✓

SIGN

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			2-14-00	FM			
			2-16-00	FM			
One	2/8/00		2/8/00	JL			

III. DO YOU WANT: (optional)

1 ☐ Partial Releases 2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) ROC
4. ☐ Two-Family (R-4) CAB
5. ☐ One-Family (R-3) ROC
6. ☐ One-Family (R-4) CAB

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

IMPORTANT A.H.B.T. - MANDATORY FEE - COMMERCIAL

UCC Form F-1008

2/16/00 Left message

0011
0402##

BLOCK	670 #	0.00
LOT	9 #	0.00
BUILDING		35.00
ELETRIC*		35.00
D.C.A.		2.00
ZONEPLOT		15.00
ENG P.R.		15.00
TOTAL		102.00
CHECK		102.00
CHANGE		0.00

02/18/00 NO. 5 0013A005 11:23

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 02/18/2000
Control #
Permit # 00-0402

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 670 Lot 9 Qual

Work Site Location 990 CEDAR BRIDGE AVE
SIGN
Owner in Fee ATTITUDES
Address SAME
BRICK, NJ 08723-
Telephone (732)270-5875

Contractor MARK O LITE SIGN CO
Address 1420 RT 9 SOUTH
HOWELL, NJ 07731-
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2239194

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
CHANNEL LETTERS, NEON LIGHT, ACRYLIC CORERS SIGN FOR "ATTITUDES"

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 $ 3,100

J. Cuccaggia /SC
Construction Official

02/18/2000
Date

PAYMENTS (Office Use Only)

Building	35
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	2
Cert. of Occupancy	0
Other ZONE	30
Total	102.00
Check No.	13471
Cash	
Collected By	SC

U.C.C. F170 (rev. 3/96)

TOWNSHIP OF BRICK
ZONING PERMIT

Permit Approved: February 7, 2000 **No. 2000-**0109

Block: 670 **Lot:** 7 **Zone:** B-3,H.D.

Property Address: 990 Cedar Bridge Avenue

Owner: Paramount Realty

Applicant:: Howard Mark **Phone:** 462-8530

Existing Use: Hair Salon, Towne Hall Shoppes

Proposed Use: Same

Proposed Construction: 10' x 2'6" channel letter wall sign, "Attitudes Unisex Hair Salon", 25 square feet.

Conditions: The total sign area cannot 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

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723
(732) 262-1050

Department of Administration and Finance

Office of Land Use Management
Sean Kinnevy
Zoning Officer
(732) 262 1041
Fax: (732) 262-8954
www.twp.brick.nj.us

Date: 1-27-00

Mark-O-Lite Sign
1420 Rt. 9
Howell, NJ 07731

Re: Block: 670 Lot: 9
990 Cedar Bridge Ave.

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.
- ☐ Description of proposed construction must include height and other dimensions of proposed structure or addition, if fence include height and type of fence, if deck include height and whether it is attached or detached.

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

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

Resubmit
2/7/00 SC
OK 2/7/00 SC

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Engineering
Office of the Municipal Engineer
(908) 262-1038
Fax (908) 262-8954
http://gbshost.com/brick

Date: _____

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

"Attitudes"

RE: Block: 670 Lot: 9

Property Address: 990 Cedar Bridge Rd

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

COMMERCIAL

Request to be exempted from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in Chapter 190.31 of the Codified Ordinances of the Township of Brick.

_____
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: 2/8/05 Signed: [signature]

Rejected: _____ Signed: _____

Comments: _____

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 610 LOT 9 SITE ADDRESS 990 Cedar Bridge Rd
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS Sign

APPLICANT Mark-O-Lite Sign Co PHONE NUMBER 462-9930
APPLICANT ADDRESS 1420 Rt 9 South CITY & STATE Lowell NJ
PERMIT # C29-70 NAME OF BUSINESS AM Auto

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 %

Estimated Assessment $ 0 Date 2-10-00

Estimated Required Fee $ 0

Required Deposit on Estimate $ _____ Date _____

Check # _____ Receipt # _____

Actual Assessment $ _____ Date _____

Actual Required Fee $ _____

Minus Deposit of Estimate $ _____

Balance Due $ _____ Date _____

Check # _____ Receipt # _____

Amount Paid In Full $ _____

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

NO FEE REQUIRED

APPROVED BY _____ DATE 2-10-00

Carol A. Wolfe
Affordable Housing Administrator

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

10'0"

2'6"

1'9"

ATTITUDES
UNISEX HAIR SALON

1'6"

8"

WHITE COPY ON RED.

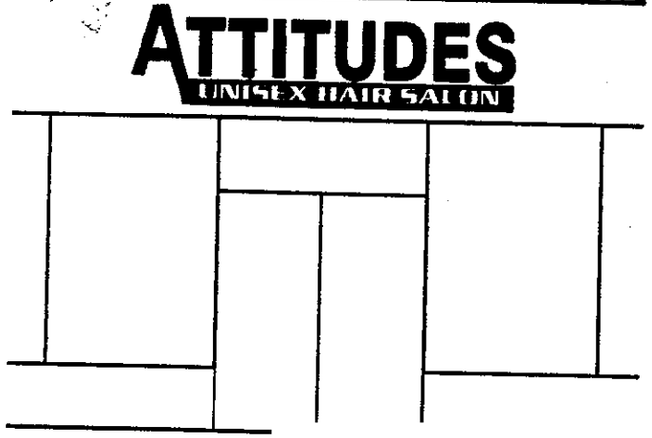
RED COVERS DARK BRONZE RETURNS

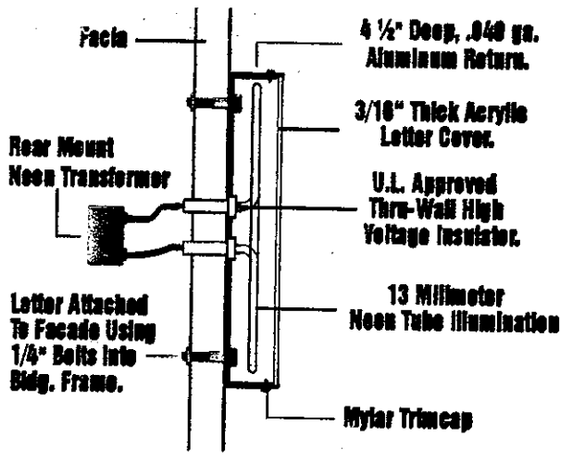
15'0"

ADJOINING STORE

ADJOINING STORE

20'0"





MARK-O-LITE SIGN CO., INC.

SCALE - 0- | DATE 1/21/02

BRICK TOWNSHIP

Plan Review

Zoning wall sign Class Date 2/9/00 By

Plumbing

Building

Fire

Energy

Electrical

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 New Jersey 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.

(X) Check if contractor.

Agent Name MARK-O-Lite Sign Co.

Address 1420 Rt 9 South

Howell NJ 07731

Telephone (908) 462-8530

Signature H. Mark Date 1/18/00