BLOCK 827-16 LOT 21-24 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 11-1372

Sign

CONSTRUCTION PERMIT APPLICATION

C-11-001092

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

I. IDENTIFICATION

1. Proposed Work Site at: 1631 RT88 BRICK NJ
2. Name of Owner in Fee: 1631 RT88 W LLC
   Tel. 732) 840-2121 e-mail _____
   Address PO BOX 4485 BRICK NJ 08723 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: BOB + SON SIGNS Tel. 732 477-8507
   Address BOX 277 BRICK NJ 08723 e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): COMMERCIAL
   Federal Emp. ID No. 222903792000 FAX _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun BOB SULZER
   Tel. (732) 477 8507 FAX: ( ) _____

Fax # @ aol.com

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 75		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	4		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other	19		
13. TOTAL	$		

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 _____
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 ☐ Radon 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		KB	4/7/11	4/18/11			5/12/11	5/1/11	KA
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Eleavator		Eng	Exempt		4/14/11	ECC			
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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

Called 05/03/11

U.C.C. F100-1 (rev. 12/07)

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.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 BOBS SON SIGNS

Address PO BOX 277

BRICK NJ 08723

Telephone (732) 477 8507

Signature _____

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

OFFICE DATE RECEIVED: JC, 20 4-11-11

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	JC	4/11/11							ZA-11-00257
☒ Planning Board	JC	4/26/18							PB-2621
☐ 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.				

OFFICE USE ONLY

IMPORTANT
A.H.B.T. - EXEMPT

DATE:	COMMENTS:	INITIALS:

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 06/15/2011
Control Number C-11-001092
Permit Number 11-1372
Permit Issue Date 05/13/2011
Certificate Number 11-1372

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1631 ROUTE 88 Doctor's Office Brick Township, NJ Block: 827 Lot: 21.01 Qual:

Owner in Fee: YEAGER, RICHARD J. & MAUREEN

Owner Address: 922 OCEAN AVENUE MANTOLOKING NJ 08738

Telephone:

Contractor BOB & SON SIGN COMPANY

Address PO BOX 277 BRICK NJ 08723-

Telephone: (732) 477-8907 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 22-2903790

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

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: 06/15/2011 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 05/13/11
Control # C-11-001092
Permit # 11-512

IDENTIFICATION Block: 827 Lot: 21.01 Qualifier
Work Site Location: 1631 ROUTE 88 Doctor's Office Brick Township, NJ
Contractor BOB & SON SIGN COMPANY
Address PO BOX 277 BRICK NJ 08723-
Owner in Fee YEAGER, RICHARD J. & MAUREEN
922 OCEAN AVENUE MANTOLOKING NJ 08738
Telephone: (732) 477-8907
Lic. No. or Bldrs. Reg. No.
Telephone:
Federal Employee. No. 22-2903790

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SIGN INSTALLATION

Note: If constuction 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 $2,500

Construction Official Date 5-12-11

PAYMENTS (Office Use Only)

Building	$75
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$4
CO Fee	
Other	$0
Total	$79
Check No.	5164
Cash	$0
Credit	$0
Collected By	

+30 N9

U.C.C. F170
equiv (rev 8/03)
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.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 11-1372

Date Issued / Permit # 05/13/11

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

Block 827 Lot 21-24 Qualification Code

Work Site Location 1631 RT 88 BRICK NJ

Owner in Fee: 1631 RT 88 W LLC

Tel. (732) 840-2121 e-mail

Address (street, municipality)

Contractor: BOB + SON SIGNS Tel. (732) 477-8507

Address BOX 277 BRICK NJ 08723 (zip code) e-mail

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

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

Federal Emp. ID No. 222903792000 FAX: ( )

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

FREE STAND SIGN

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] ~~Interior~~	5/12/11	KA

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] TCO [X] CA

Date: 6/9/11

Approved by: KA

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Footing			5/31/11	C.P.
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			6/8/11	MV
Barrier-Free				

Dates (Month/Day)

TYPE OF WORK:

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

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. $ 2500 —
2. Rehabilitation $
3. Total (1+ 2) $

U.C.C. F110
(rev. 12/07)

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

Community Development and Land Use
401 Chambers Bridge Rd.
Brick NJ 08723
(732) 262-1027

Receipt

Payment Date 05/13/2011
Transaction # PMT-11-02872
Receipt #

Issued To Robert Sulzer

Description 1631 ROUTE 88/SIGN

Date Printed 05/13/2011
Check Number 5786

Cash	$0.00
Check	$30.00
Charge	$0.00
Total Paid	$30.00

05/13/11 1:28PM 00155845947
XX06 SERV.006
#1372
ZPA $30.00
CHECK $30.00

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 11-1372

Date Issued / Permit # 05/13/11

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

Block 827.18 Lot 21-24 Qualification Code 1 11

Work Site Location 1631 RT 88
BRICK NJ

Owner in Fee: 1631 RT 88 W LLC

Tel. (732) 840-2121 e-mail

Address

Contractor: BOB + SON SIGNS (street, municipality) Tel. (732) 4778507 (zip code)

Address BOX 277 e-mail
BRICK NJ 08723.

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

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

Federal Emp. ID No. 22-2903792000 FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	5/12/11	KA

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS

Type:	Failure	Failure (Dates Month/Day)	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free	4/7/11			

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. $ 2500-
2. Rehabilitation $
3. Total (1+ 2) $

U.C.C. F110
(rev. 12/07)

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
FREE STAND SIGN

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] 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 $

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 11-1372

Date Issued / Permit # 05/13/11

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

Block 827.16 Lot 21-24 Qualification Code

Work Site Location 1631 RT 88 BRICK NJ

Owner in Fee: 1631 RT 88 W LLC

Tel. (732) 840-2121 e-mail

Address

Contractor: BOB + SON SIGNS (street, municipality) Tel. (732) 477-8507 (zip code)

Address BOX 277 BRICK NJ 08723 e-mail

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

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

Federal Emp. ID No. 222903192000 FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	4/7/11	KA

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) 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				
Barrier-Free	4/7/11			

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. $ 2500
2. Rehabilitation $
3. Total (1+ 2) $

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
FREE STAND SIGN

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (exceeds 6')
[ ] 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. 12/07)

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

RECEIVING CLERK: [illegible] DATE REC'D: 4/7/11

ZONING PERMIT APPLICATION

PERMIT # 11-00327
DATE ISSUED: 05/13/11

BLOCK: 827-76 LOT: 21-24 QUALIFIER: — SITE ADDRESS: 1631 RT 88 W BRICK 08723

IDENTIFICATION:

1. NAME OF OWNER IN FEE: 1631 RT 88 W. LLC
   COMPLETE ADDRESS: PO BOX 4485 BRICK NJ 08723
   PHONE # 732-840-2121 EMAIL:

2. NAME OF APPLICANT: BOB + SON SIGNS
   APPLICANT ADDRESS: PO BOX 277 BRICK NJ 08723
   PHONE # 7324778507 EMAIL:

3. RESPONSIBLE PERSON FOR WORK: BOB SHUZER
   PHONE # 7324778507 FAX#

4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 30.00
OTHER: $
TOTAL: $

REQUIRED BY APPLICANT

RESIDENTIAL:
COMMERCIAL: ✓
EXISTING USE: office Bldg
PROPOSED USE: office Bldg

BOARD APPROVAL: X PB ZB
RESOLUTION#: PB-2621
APPROVAL DATE: 4-9-2008

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: *ADDITION *ALTERATION *PORCH *DECK

POOL: ABOVE GROUND IN GROUND FENCE: HEIGHT TYPE

HEIGHT: (*IF APPLICABLE)

OTHER SIGN

DESCRIPTION: 5'X8' D/F-SINGLE 4X4 POLE

ZONING REVIEW:
DATE REVIEWED: 4-11-11 DATE DENIED: — DATE APPROVED: 4-11-11 INTLS: SKZS

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) **Two (2) 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

245 Attachment 5

Township of Brick

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS
Township of Brick
Ocean County, New Jersey

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2-AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No. 354-2TTTT-88; 9-27-1988 by Ord. No. 354-2XXXX-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

Zone	Minimum Lot Size						Minimum Required Yard Depth						Maximum Lot Coverage by Building	Maximum Building Height				Minimum Floor/ Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage
	Interior Lots			Corner Lots			Principal Building				Accessory Building								
	Area (square feet)	Width (feet)	Depth (feet)	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Both Sides Combined (feet)	Rear Yard (feet)	Side Yard (feet)	Rear Yard[3] (feet)		Stories	Eaves (feet)	Feet	Ridge (feet)		
R-R	40,000	150	150	40,000	150	150	50	25		50	25	25	25%	–	25			–	
RR-2	See § 245-90.																		
RR-3	See § 245-103.																		
R-20	20,000	100	125	25,000	100	125	40	15	–	40	10	10	25%	–	25	35	38.5	–	
R-15	15,000	100	115	17,250	100	115	35	12	–	35	10	10	25%	–	25	35	38.5	–	
R-10	10,000	90	100	10,500	100	100	30	6	20	20	5	5	30%	–	25	35	38.5	–	
R-7.5	7,500	75	90	9,000	75	90	25	6	15	15	5	5	30%	–	25	35	38.5	–	
R-5	5,000	50	75	6,000	50	75	20	5	12	15	5	5	35%	–	25	35	38.5	–	
O-P	15,000	100	150	15,000	100	150	50	10	–	50	20	50	35%[2]	2	–	35	38.5	1,500	70%
B-1	10,000	100	90	12,500	100	125	30	10	–	20	10	20	30%[2]	2	–	35	38.5	1,000	60%
B-2	20,000	125	125	20,000	125	125	50	10	–	50	10	50	30%[2]	2	–	35	38.5	2,000	65%
B-3	2 acres	200	200	2 acres	200	200	75	30	–	50	20	50	25%[2]	–	–	35	38.5	2,000	65%
B-4	5 acres	300	300	–	–	–	100	50(150[1])	–	100(150[1])	20	50	25%	3	–	35	38.5	30,000	70%
M-1	5 acres	300	300	5 acres	300	300	100	50	–	150	75	150	30%[2]	–	–	35	38.5	5,000	65%
R-M	25 acres	350	200	–	–	–	50	50	–	30	30	30	20%	–	25	35	38.5	–	65%
O-P-T	40,000	150	150	40,000	150	150	50	20	–	50	20	50	25%[2]	2	–	35	38.5	2,000	50%
H-S	See § 245-261.													–	–	–	–		70%

NOTES:
1 If adjacent to residential zone or use.
2 The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.
3 For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.

OFFICE USE ONLY

RECEIVED
APR 11 2011
SC,ZO

ZONING REVIEW:

DATE REVIEWED: 9-11-11 DATE DENIED: — DATE APPROVED: 9-11-11 INTLS: SC,ZO

DATE:	COMMENTS:	INITIALS:

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:
Application Number: ZA-11-00257
Application Date: 04/11/2011
Project Number:
Permit Number:
Fee: $30

Zoning Permit

Worksite Location: **1631 ROUTE 88**
Laurelton
Brick Township, NJ 08724

Block: **827**
Lot: **21-26**
Qualifier:
Zone: **B-1**

Owner: **1631 Route 88 West, LLC**
Address: **PO Box 4485**
Brick, NJ 08723

Applicant: **Bob & Sons Signs**
Address: **PO Box 277**
Brick, NJ 08723

Application Approved Date: 04/11/2011

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

Use is: Medical Offices
Nonconforming Use is:

Work Description:
Sign - Internally-lighted pylon sign, 3' x 8', 14' high, with the doctors' names and the street address number.

Site plan approved by the Planning Board.

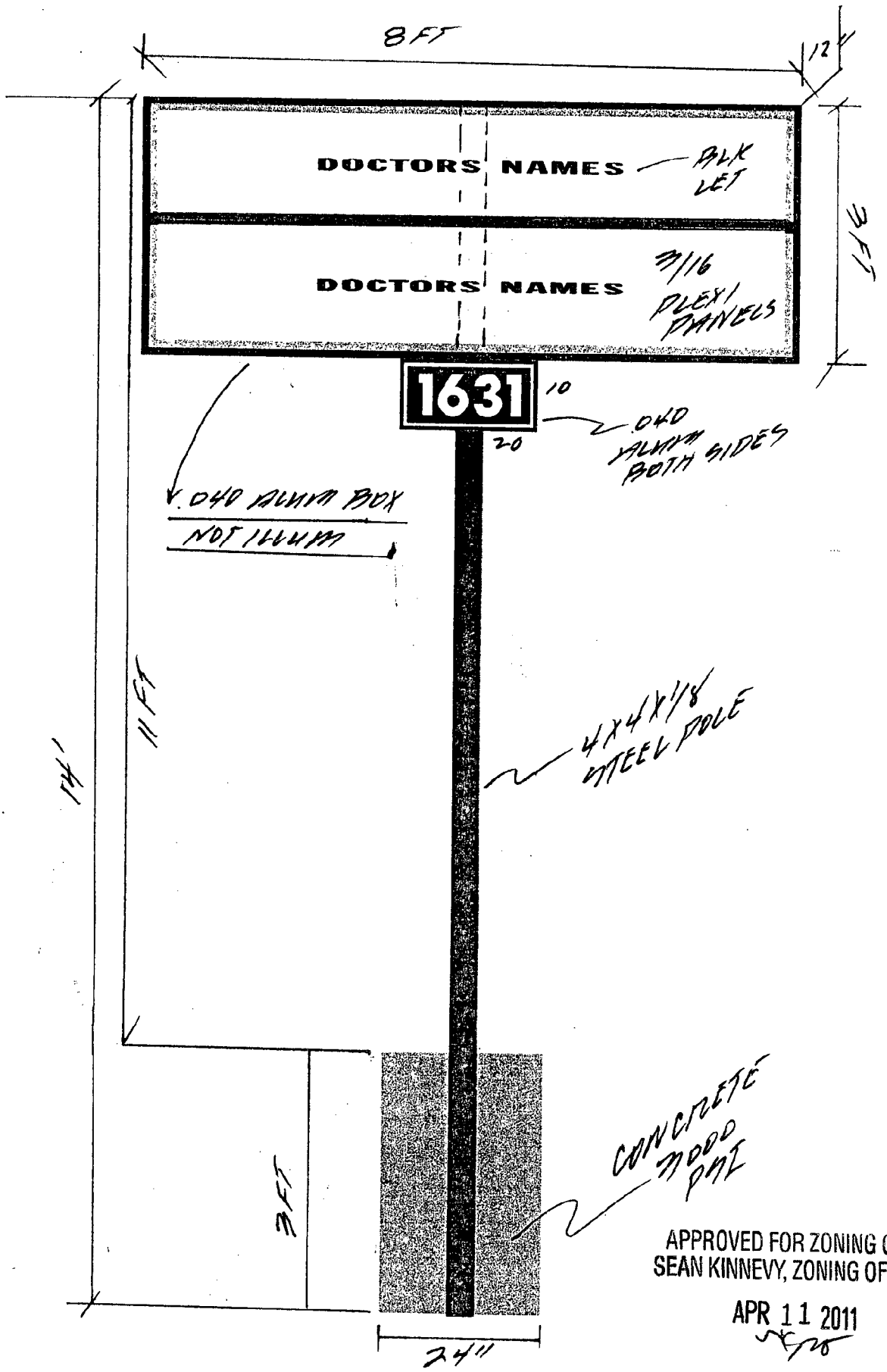
ZP-10-00437 issued on June 30, 2010.

Upon review it was determined that:

- ☑ Use is permitted by Ordinance
- ☐ Use is permitted by Variance approved on:_____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Sean Kinnevy, Zoning Officer — 04/12/2011 Date

Michael P. Fowler, Township Planner — 4/12/11 Date



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
APR 11 2011

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:	06/30/2010
Application Number:	ZA-10-00319
Application Date:	04/28/2010
Project Number:	
Permit Number:	ZP-10-00437
Fee:	$50

Zoning Permit

Worksite Location: **1635 ROUTE 88**
Brick Township, NJ 08724

Block:	**827**
Lot:	**21**
Qualifier:	
Zone:	**B-1**

Owner: **MSB Development Company, LLC**
Address: **PO Box 4485**
Brick, NJ 08723

Applicant: **Mark Spier; MSB Development Co., LLC**
Address: **PO Box 4485**
Brick, NJ 08723

Application Approved Date: 04/28/2010

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

Use is: Medical/Professional Offices

Nonconforming Use is: _____

Work Description:

New Building - One-story medical/professional office building, 82' x 35.7'; 18' high.

Site plan approved by the Planning Board.
Case No. PB-2621-PSP-FSP-12/07.
Resolution adopted on April 9, 2008.
Maps signed on April 26, 2010.

A deed consolidating Lot 21, Lot 22, Lot 23, Lot 24, Lot 25, and Lot 26 into a single lot must be filed with the Ocean County Clerk.

Upon review it was determined that:

- ☑ Use is permitted by Ordinance
- ☐ Use is permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

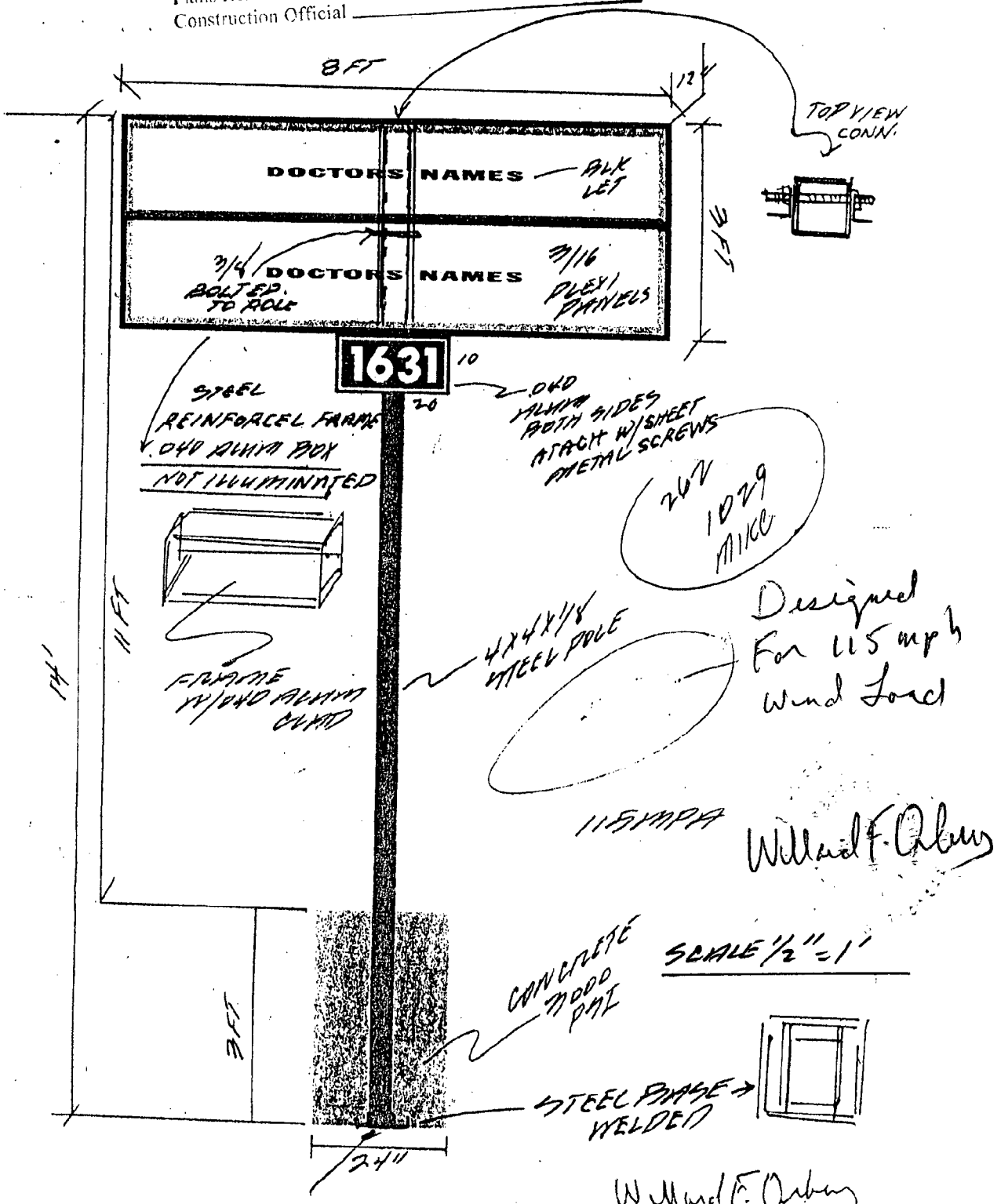
Copy

Sean Kinnevy, Zoning Officer — 04/12/2011 Date

Michael P. Fowler, Township Planner — **Date**

Fire Subcode
Electrical Subcode
Plan Reviewer
Plans Released
Construction Official

INITIAL LGA 5/12/11



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

4/26/11
Given to Const.

Subcode Official Review

To: 922 OCEAN AVENUE MANTOLOKING, NJ 08738 CC:

RE: Building Subcode
Block: 827 Lot: 21 Qual:
1631 ROUTE 88
Permit Number: Control Number: C-11-001092
Last Submit Date: Thursday, April 14, 2011

1st Review

Date: Tuesday, April 19, 2011

Dear YEAGER, RICHARD J. & MAUREEN,
Your request is hereby denied based upon the following infractions.

Plans must be signed and sealed by a NJ design professional.

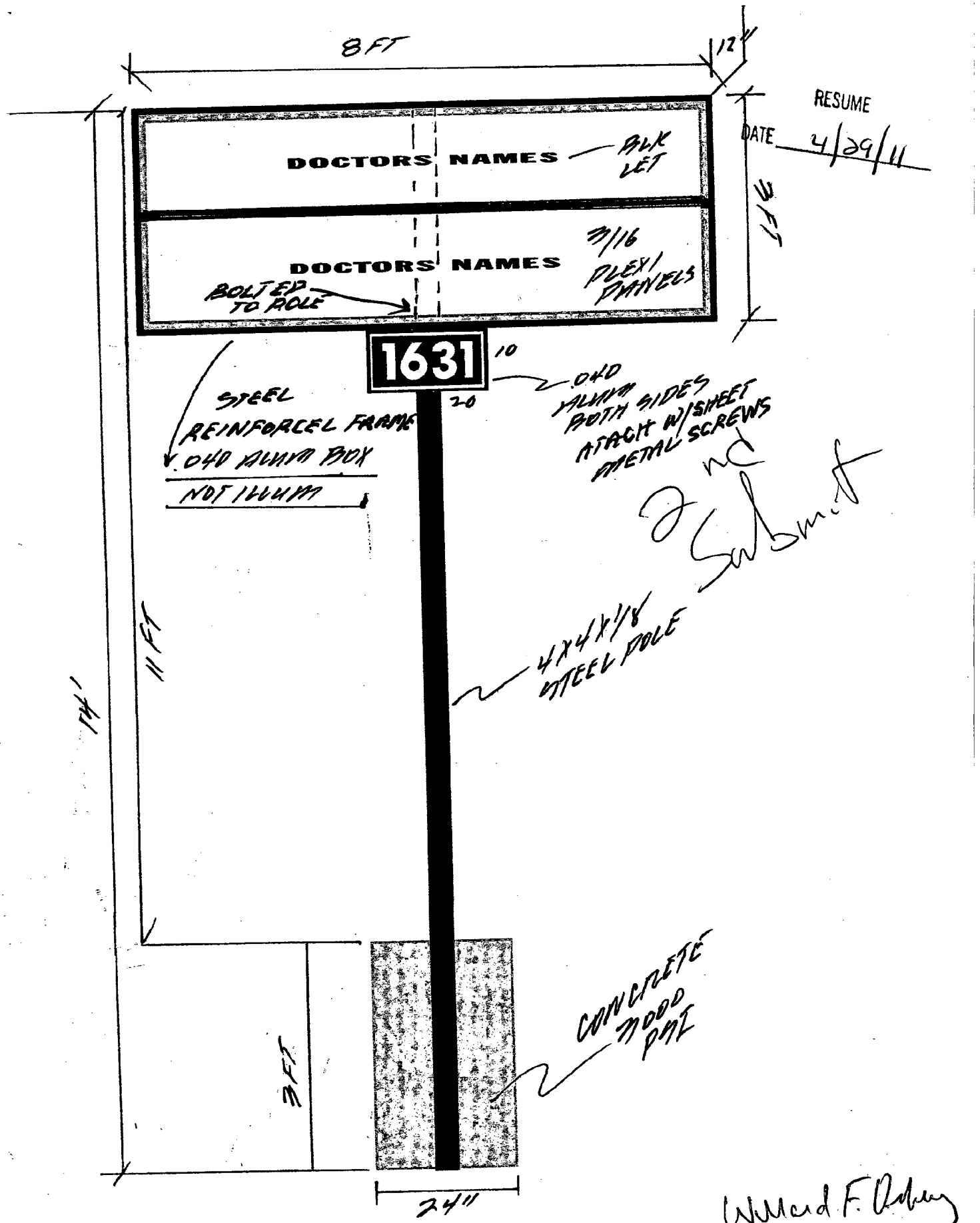
Plan details too vague. Show more detail regarding sign box construction and connections

Plans must call out local geographic design criteria and indicate model codes being used.

Sincerely,

Michael Vecchio, Subcode Official

Bek 827
21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12"
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DATE 4/29/11
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BLK LET
DOCTORS NAMES
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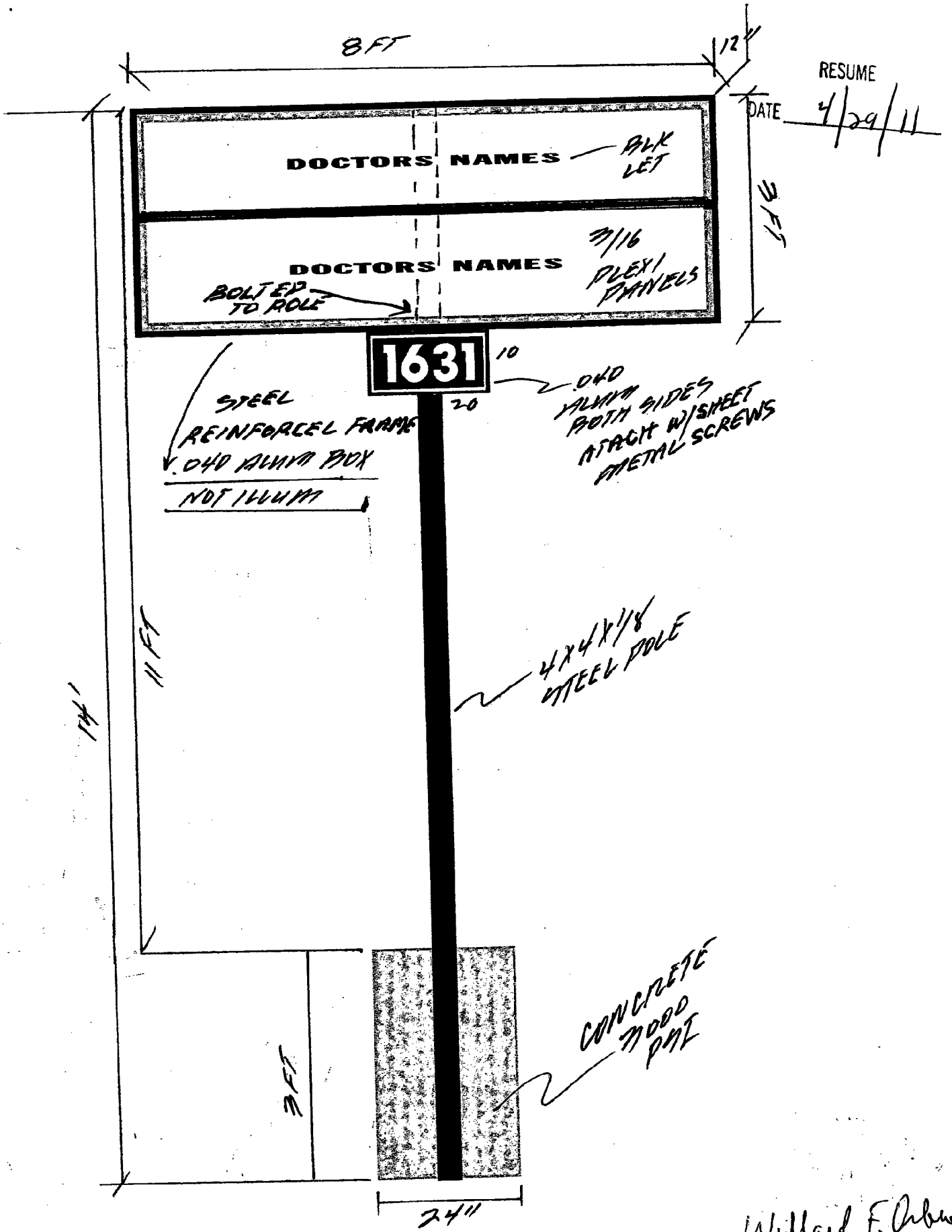
BOLTED TO POLE
1631
10
20
.040 ALUM BOTH SIDES ATTACH W/SHEET METAL SCREWS
STEEL REINFORCEL FRAME .040 ALUM BOX
NOT ILLUM
4X4X1/8 STEEL POLE
CONCRETE MOOD PAT
24"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STEEL REINFORCEL FRAME .040 ALUM BOX
NOT ILLUM
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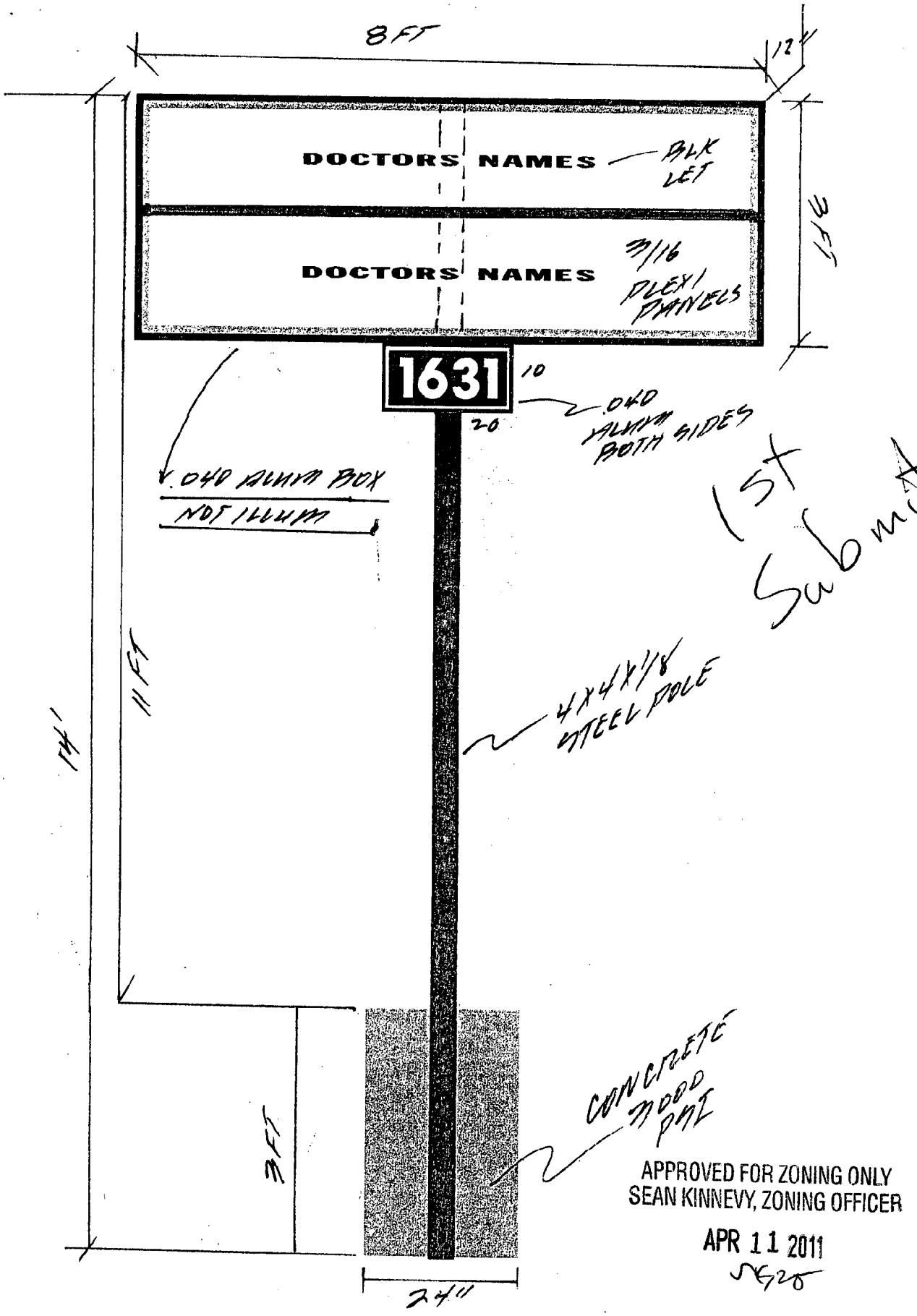
14'-1"
4x4x1/8 STEEL POLE
3'-1"
CONCRETE MOOD PAT
24"
Willard F. Ashby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1631
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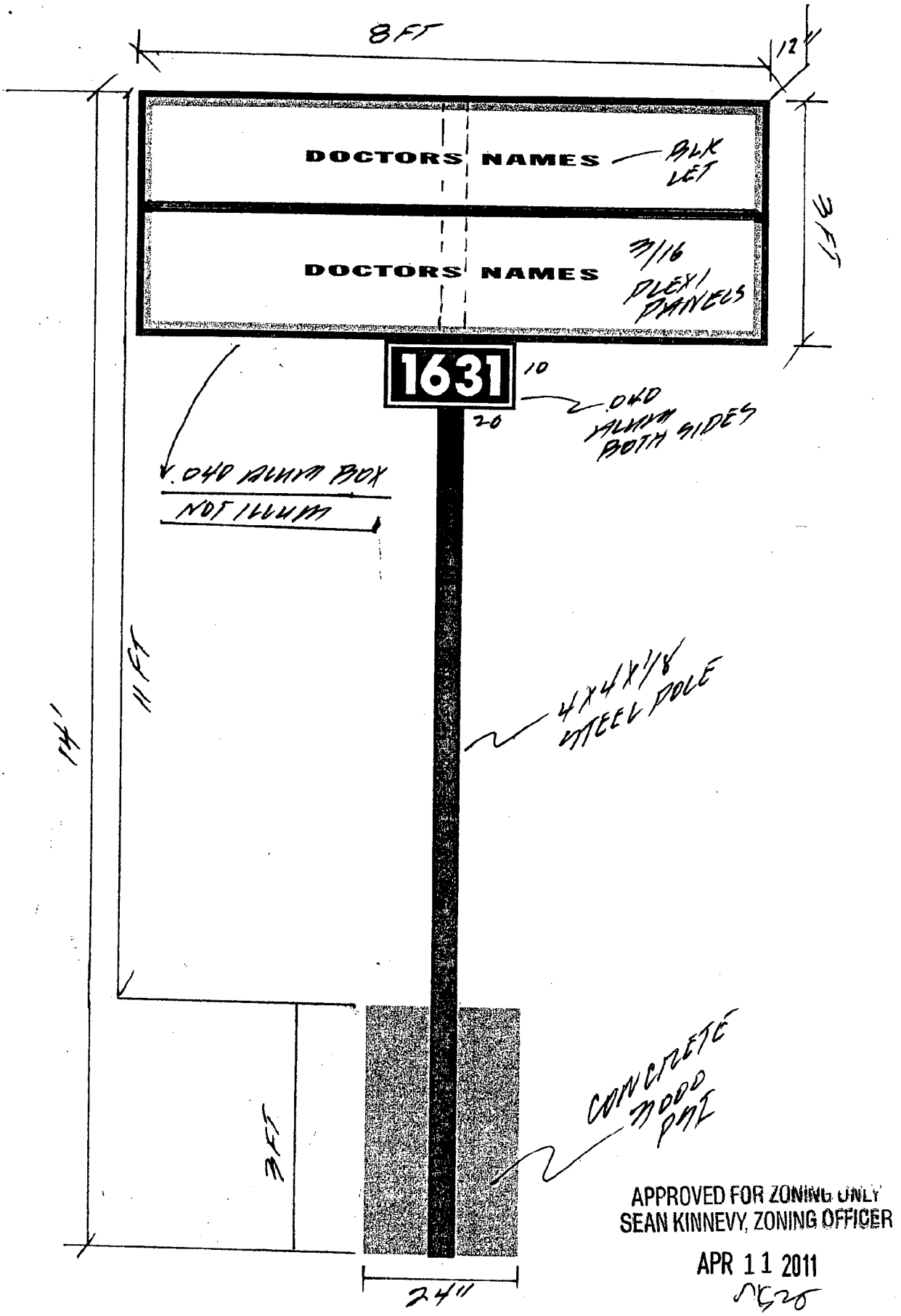
.040 ALUM BOX
NOT ILLUM
1st Submit
11 FT
14'
4x4x1/8 STEEL POLE
3FT
CONCRETE FOOD PAD
24"
APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
APR 11 2011



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

APR 11 2011

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Called Bob Signs
Fax No has to be turned
on will come in to
speak w/ MV-I
read "50 R" over phone
FPI 05/06/11 2:30 pm

Subcode Official Review

2nd Review

To: 922 OCEAN AVENUE MANTOLOKING, NJ 08738 CC:

RE: Building Subcode
Block: 827 Lot: 21 Qual:
1631 ROUTE 88
Permit Number: Control Number: C-11-001092
Last Submit Date: Friday, April 29, 2011

Date: Monday, May 02, 2011

Dear YEAGER, RICHARD J. & MAUREEN,
Your request is hereby denied based upon the following infractions.

Plan details too vague. Show more detail regarding sign box construction and connections. (Detail fastener sizes quantity and configuration with a plan to scale)

Engineer plans must call out local geographic design criteria and indicate model codes being used.

Sincerely,

Michael Vecchio, Subcode Official

Re SUBMITTED 05/11/11.

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 827.18 LOT: 21.24 ADDRESS: 1631 RT88W BRICK NJ 08723

IDENTIFICATION:

1. WORK SITE ADDRESS: 1631 RT88W BRICK NJ
2. NAME OF OWNER IN FEE: 1631 RT88W LLC

   ADDRESS: BOX 4485 PHONE #: 732 840-2121

   BRICK NJ 08723 FAX #: (___) _____
3. PRINCIPAL CONTRACTOR: FOOT SIGNS & GIFTS

   ADDRESS: BOX 277 PHONE #: (___) _____

   BRICK NJ 08723 FAX #: (___) _____
4. ARCHITECT OR ENGINEER: _____

   ADDRESS: _____ PHONE: # (___) _____
5. RESPONSIBLE PERSON FOR WORK: _____

   ADDRESS: _____

PHONE #: (___) _____ FAX #: (___) _____ E-MAIL: _____

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ _____

OTHER _____: $ _____

BOND(S): $ _____

TOTAL: $ _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☐ OTHER SIGN

LENGTH: _____ WIDTH: _____ HEIGHT: _____

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: _____

TOWNSHIP OF BRICK

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

Department of Community Development & Land Use
Division of Engineering

Office of the Municipal Engineer
732-262-1040
Fax: 732-262-8954
www.twp.brick.nj.us

Date:_____

ENGINEERING
PLOT PLAN EXEMPT FORM

Block:_____ Lot:_____

Property Address:_____

I,_____ of _____
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

_____
Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on:_____ Signed:_____

Rejected on:_____ Signed:_____

Comments: