335-399

BLOCK 547.01 LOT 15 QUALIFICATION CODE _____ ADDRESS (SITE) 387 Brick Blvd. PERMIT NO. 13-1232

CONSTRUCTION PERMIT APPLICATION 001014

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-13-

I. IDENTIFICATION

1. Proposed Work Site at: 387 Brick Blvd
2. Name of Owner in Fee: Theodore Kozioł
   Tel. (732) 691-1238 e-mail _____
   Address 387 Brick Blvd. (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Hollywood Signs Tel. (732) 644-3430
   Address 203 Drum Point Rd e-mail _____
   Brick, NJ 08723
   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. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Allen Gudshal
   Tel. (732) 644-3430 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 120-		
2. Electrical	40-		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	8-		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other	516"		
13. TOTAL	$ 1608-		

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 ____

COMMERCIAL Chiropractic Theodore Kozioł

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		CR 2-14-13	3/13/13		3/18/13	KW			
☐ Electrical					3-11-13	DD			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Eng Exempt			3/18/13	See			
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

TOWNSHIP OF BRICK

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

Department of Community Development & Land Use

732-262-1027

Fax: 732-262-2941
www.twp.brick.nj.us

May 21, 2014

The following permits for Drum Point plaza are in need of the following inspections:

12-0651
375 Brick Blvd (Soccer Post)
Sign Installation needs: Final Elect

13-0827
391 Brick Blvd (Copy Fax)
Sign Installation needs: Building &Elect Finals

12-2016
335 Brick Blvd (7-11)
Sign Installation needs: Building Final

13-5291
335-399 Brick Blvd (Nature's Nutrition)
Sign Installation needs: Building & Elect

13-1232
387 Brick Blvd (Chiropractor)
Sign Installation needs: Building & Elect

13-4118
351 Brick Blvd (Laundry Matt)
Plumbing Alterations (new washing machines w/platform) needs: Building & Plumbing

14-0179
335 Brick Blvd (7-11)
Nonstructural repairs needs: Building

12-1955
335 Brick Blvd (7-11)
Sign Installation needs: Building & Electric

311 ACCESS BRICK TOWNSHIP

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 Holly Wood Signs

Address 203 Omni Point Ln

Brick, NJ 08723

Telephone (732) 644-3430

Signature _____

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

CONSTRUCTION PERMIT

3/20/13

Date Issued
Control # C-13-001014
Permit #
13-1220

IDENTIFICATION Block: 547.01 Lot: 15 Qualifier

Work Site Location: 335-399 BRICK BLVD. Chiropractor Brick Township, NJ

Owner in Fee: DRUM POINT PLAZA LLC, 249 BRICK BLVD BRICK NJ 08723

Telephone: (732) 691-1238

Contractor: HOLLYWOOD SIGNS

Address: 203 DRUM POINT ROAD BRICK NJ

Telephone: (732) 644-3430

Lic. No. or Bldrs. Reg. No.

Federal Employee. No.

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

PAYMENTS (Office Use Only)

Building	$120
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$8
CO Fee	
Other	$0
Total	$168
Check No.	
Cash	$0
Credit	$0
Collected By	

150
218

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 $4,400

David J. Newman Jr. — Construction Official

3/19/13 — Date

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.

[x] 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 2/20/13
Control #

Date Issued
Permit #

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

Block 5117.01 Lot 15 Qualification Code

Work Site Location 387 - 2nd Ave

Owner in Fee: Theodore Kozlol

Tel. (732) 691-1238 e-mail

Address 387

Contractor: Hollywood Signs (street) (municipality) Tel. (732) 644-3130 (zip code)

Address 203 Dover Point Rd 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. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	3/18/13	MV
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 3/19/13
Approved by: JA

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

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
No. of Stories 1
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) $ 4,000

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:

Print name here: Alter Gutkin

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install New Sign on Store Front

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[X] Sign 40 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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 2/20/13
Control #
Date Issued
Permit #

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

Block 317.01 Lot 15 Qualification Code
Work Site Location 387 Brick Blvd CHIROPRACTOR

Owner in Fee: Theodore Kozlol

Tel. (732) 691-1238 e-mail

Address 387 Brick Blvd. Brick NJ 08723
street municipality zip code

Contractor: Hollywood Signs Tel. (732) 691-3130

Address 203 Drum Point Ave e-mail
Brick NJ 08723

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 400

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: 3/13 Approved by: DD

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by: JJ

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

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

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

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 sign and seal here:

Print name here: Allen Grubb

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

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	15	KW Elec. Sign/Outline Light	

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

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

RECEIVING CLERK CL
DATE REC'D 2-20-13

ZONING PERMIT APPLICATION

PERMIT # 28-13-00156
DATE ISSUED 3/20/13

BLOCK: 54201 LOT: 15 QUALIFIER: — SITE ADDRESS: 387- ~~Rou~~ Brick BLV
DRUM POINT PLAZA

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Theodore Koziol
COMPLETE ADDRESS: 387 Brick BLV
Brick, NJ 08723
PHONE # 732 657 1238 EMAIL: —

2. NAME OF APPLICANT: Hollywood Sigis
APPLICANT ADDRESS: 263 Drum Point Rd
Brick NJ 08723
PHONE # 732-644-3430 EMAIL: —

3. RESPONSIBLE PERSON FOR WORK: Allen Gudelski
PHONE# 732-644-3430 FAX# —

4. SIGNATURE OF APPLICANT:

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50.00
OTHER: $
TOTAL: $

REQUIRED BY APPLICANT

RESIDENTIAL: —
COMMERCIAL: ✓
EXISTING USE: Drum Point Deli
PROPOSED USE: Chiropractor

BOARD APPROVAL: — PB — ZB
RESOLUTION#:
APPROVAL DATE:

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: — *ADDITION — *ALTERATION X *PORCH — *DECK —

POOL: ABOVE GROUND — IN GROUND — FENCE: HEIGHT — TYPE — MATERIAL —

HEIGHT: 14' (*IF APPLICABLE)

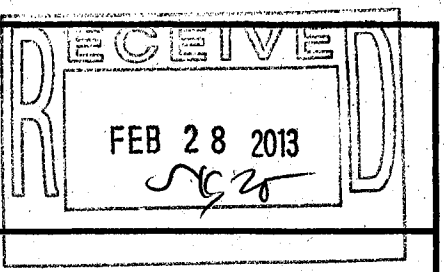
OTHER Sign

DESCRIPTION: 24" x ~~60~~ 20' Channel Sign: "Chiropractor"

ZONING REVIEW:
DATE REVIEWED: 2/28/13 DATE DENIED: — DATE APPROVED: 2/28/13 INTLS: JCG

(SEE BACK PAGE)

OFFICE USE ONLY



ZONING REVIEW:

DATE REVIEWED: 2-28-13 DATE DENIED: — DATE APPROVED: 2-28-13 INTLS: SG

DATE:	COMMENTS:	INITIALS:

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued: 3/20/13
Application Number: ZA-13-00127
Application Date: 02/28/2013
Project Number:
Permit Number: ZP-13-00156
Fee: $50

Zoning Permit

Worksite Location: **387 BRICK BLVD.**
Drum Point Plaza
Brick Township, NJ 08723

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

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

Applicant: **Allen Guddahl; Hollywood Signs**
Address: **203 Drum Point Road**
Brick, NJ 08723

Application Approved Date: 02/28/2013

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

Use is: Professional Offices -Chiropractic office for Theodore Koziol.
Nonconforming Use is:

Work Description:
Sign - Wall sign, channel letters, 24" x 20', "Chiropractor".

The total sign area shall not exceed 15% of the total facade area.

The street address number must be displayed on the front and back doors.

Upon review it was determined that the Development Application:

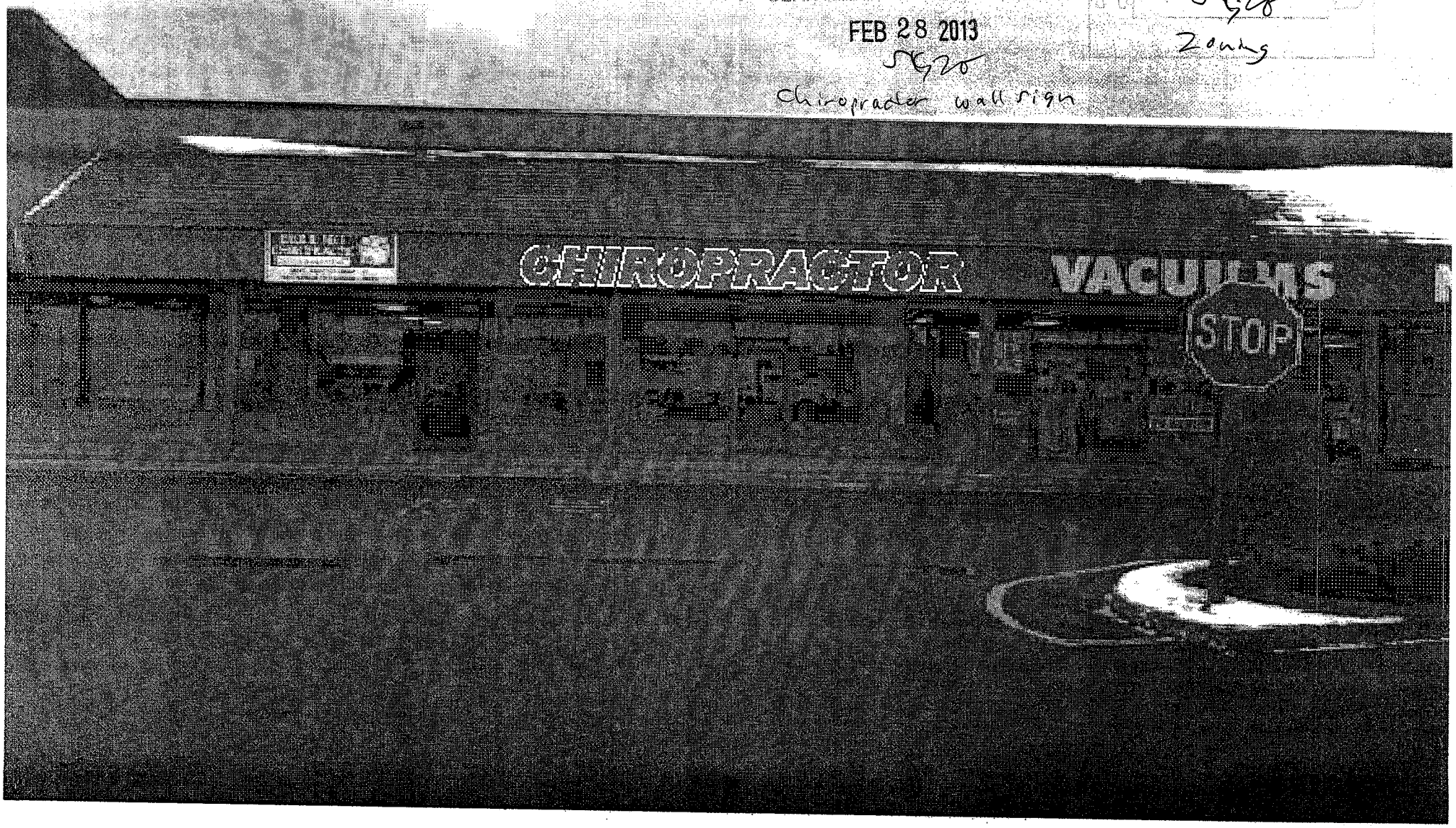
- ☑ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Sean Kinney, Zoning Officer — 03/01/2013 Date

Michael P. Fowler, Township Planner — 3/4/13 **Date**

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
FEB 28 2013
SG28
Chiropractor wall sign

RECEIVED
FEB 28 2013
SG28
Zoning



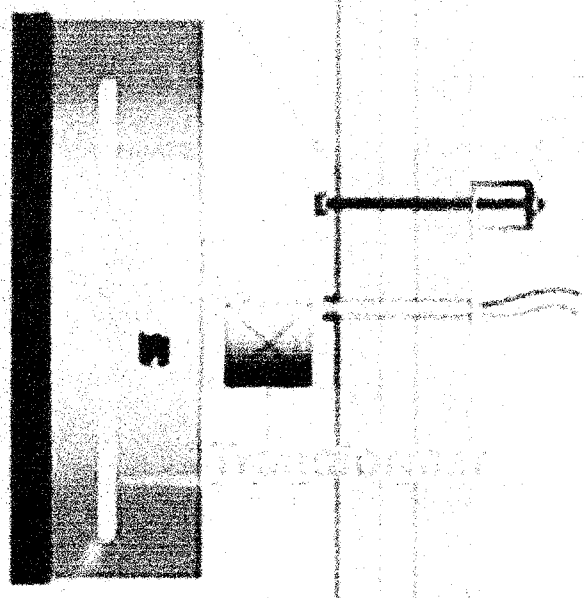
24" CHIROPRACTOR

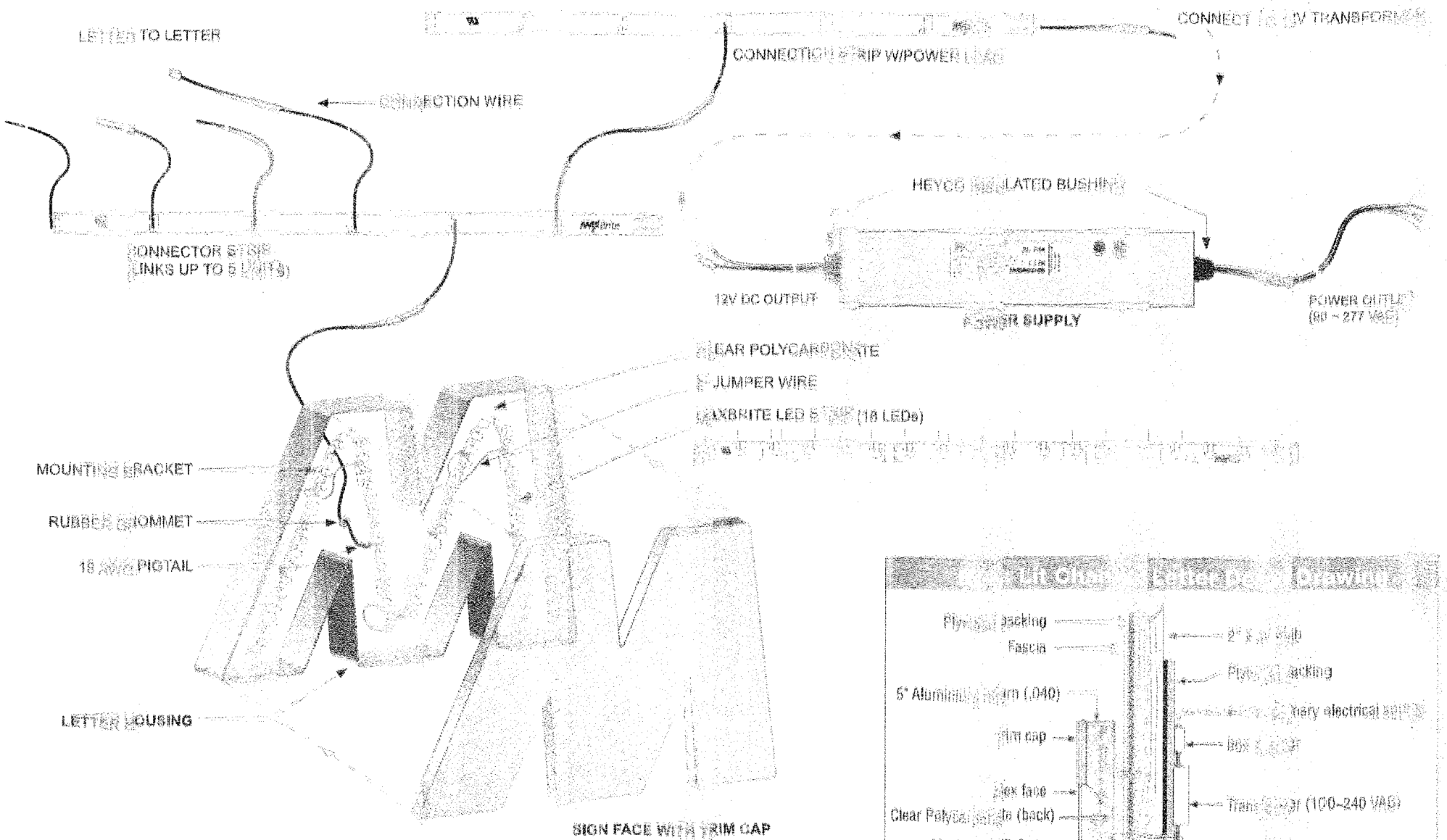
20'

APPROVED FOR ZONING ONLY
SEAN KINNEY, ZONING OFFICER
FEB 28 2013

RECEIVED
FEB 28 2013
Zoning

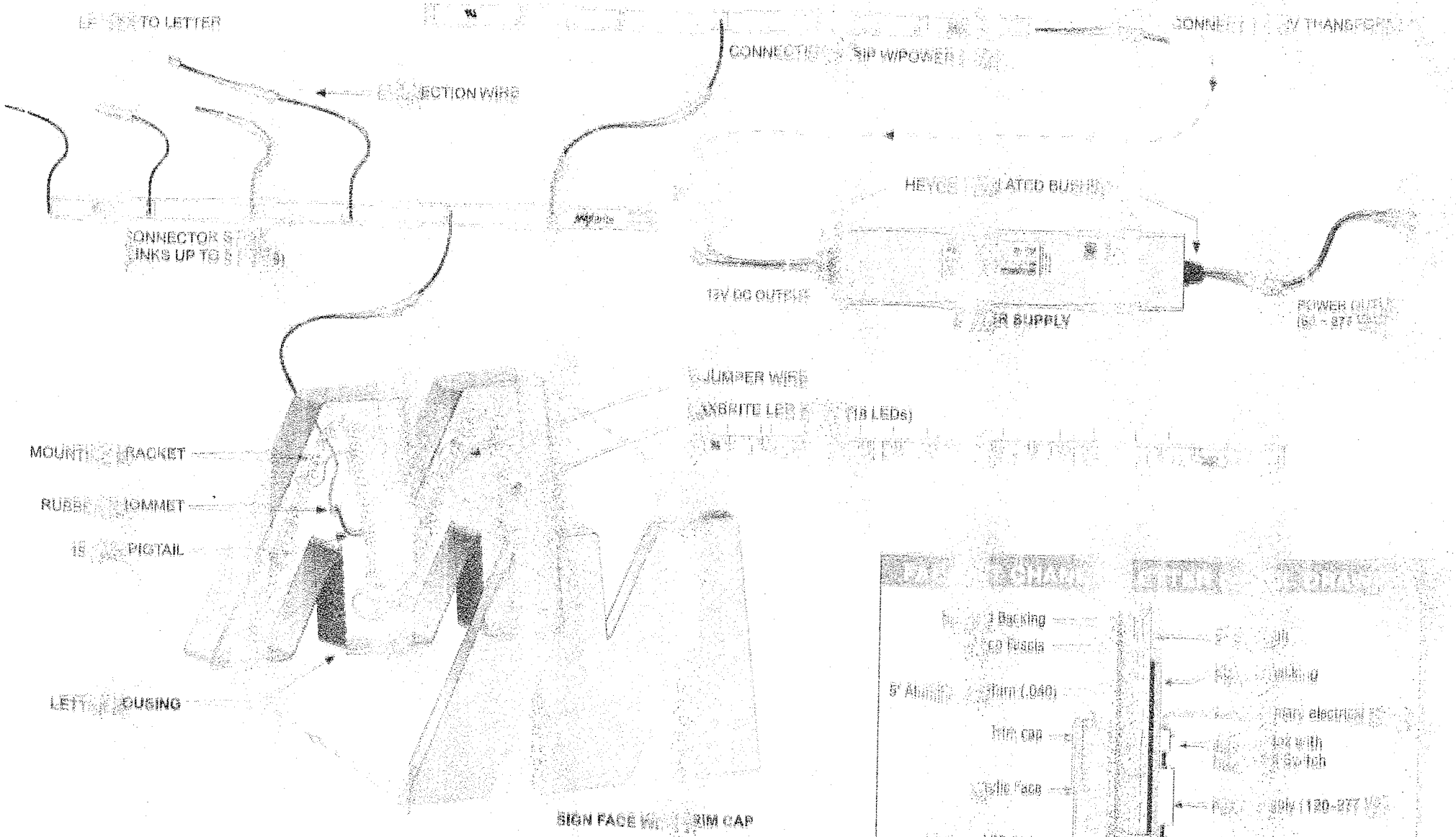
Channel Letters - Raceway Install - Thru Bolt





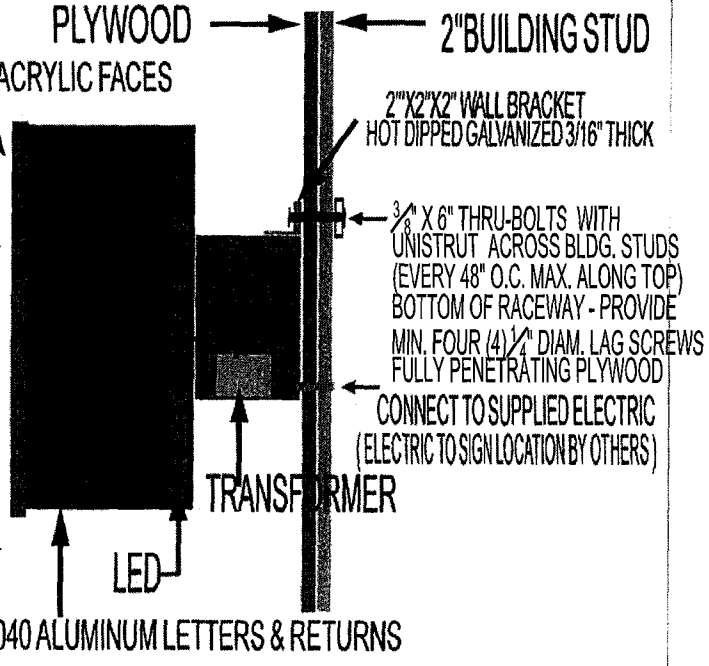
MaxBrite LED LIGHTING TECHNOLOGY, LLC
1740-B Junction Avenue
San Jose, CA 95112
USA

Toll Free: 1-800-297-2[illegible]
Phone: 408-437-190[illegible]
Fax: 408-437-190[illegible]
www.Maxbriteled.com



MaxBrite LIGHTING TEC OGY, LLC
1740-B Jo Avenue
San Jose 5112
USA
ne: 1-800-29
: 408-437-1
408-437-1
/laxbriteled.com

Block 547.01 Lot 15



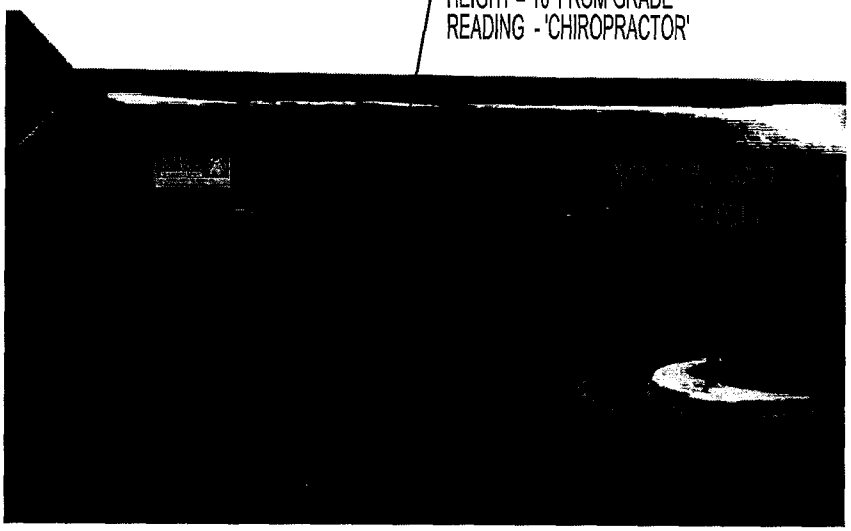
TOWNSHIP OF BRICK
RELEASED FOR PERMIT
Building Subcode
Plumbing Subcode
Fire Subcode
Electrical Subcode
Plan Reviewer
Plans Released
Construction Official

Office Set
3/18/13
DATE

CHANNEL LETTER ON RACEWAY CONNECTION DETAIL

GENERAL NOTES:

1.) Raceway shall be min. 1/8" alum. 6061-T6 extrusion or 0.090 alum. sheet with 1"x1"x1/8" angle reinforcement in corners.
2.) Provide min. 1/4" thk. alum. plate or angle in raceway at all attachment points. Weld or bolt with S.S. 1/4" diam. bolts.
3.) Lag screws at bottom of raceway may be substituted with 3/8" diam. toggle bolts.
4.) Fasten letters to raceway with a minimum of of two (2) 3/8" diam. x 1" bolts with 3/8" nut and lock-washer.



INSTALL LOCATION

Designed per IBC -2009 NJ edition
Snow Loads:
Ground Snow Load.....Pg-35 psf
Snow Exposure Factor...Ce=1.0
Snow Load Importance..1s=1.1
Thermal Factor.....Ct=1.0

Wind Loads:
Basic Wind Speed.....115 mph
Wind Importance Factor..1=1.15
Wind Exposure.....C
ASCE Force Coef.....1.8 (or per table)
Gust Factor.....0.85

Exterior Components designed in accordance with applicable provisions of the ASCE 7-10

DATE: 3/14/2013

PREPARED FOR:
HOLLYWOOD SIGNS
203 DRUM POINT RD.
BRICK, NJ 08723

SIGN STRUCTURE SUFFICIENT TO RESIST APPLICABLE LOADING IN ACCORDANCE WITH IBC 2009 – NJ EDITION.

STATE OF NEW JERSEY — JERE MURDOCH — No. GE 35760

JERE MURDOCH, P.E.
PROFESSIONAL ENGINEER
NJ LICENSE #48980

MURDOCH ENGINEERING
STRUCTURAL & LAND DEVELOPMENT ENGINEERS

SIGN CONNECTION DETAILS

CHIROPRACTOR – DRUM POINT PLAZA

387 BRICK BLVD – BRICK, NEW JERSEY

6308 AVALON CT.
WEST LONG BRANCH, NJ 07764
Tel. (973) 570-8215
Fax (732) 431-9420

SHEET 1 of 1

24"

CHIROPRACTOR

20'

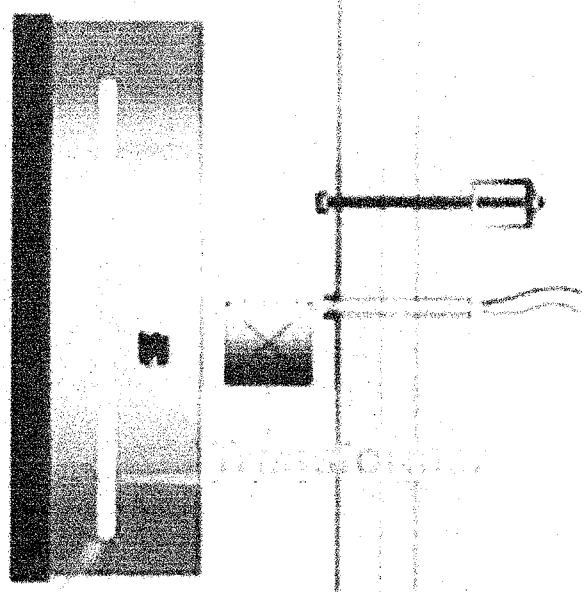
APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

FEB 28 2013

RECEIVED
FEB 28 2013
Zoning

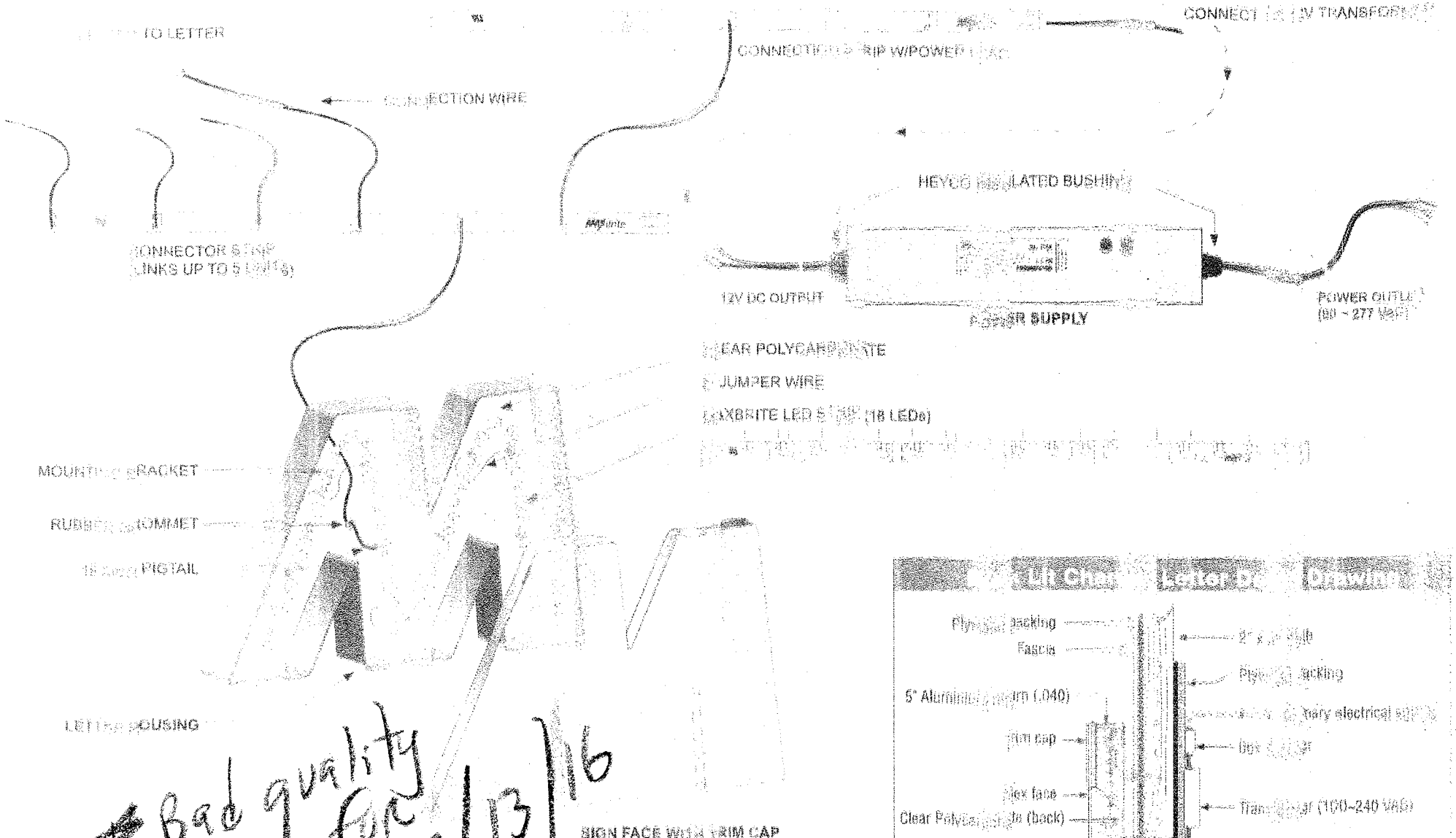
Channel Letters - Raceway Install - Thru Bolt

Bad quality
of image
for scan
2/3/16



neon

drywall/aluminum siding



Bad quality image for scan 2/13/16

MaxBrite LED LIGHTING TECHNOLOGY, LLC
1740-B Junction Avenue
San Jose, CA 95112
USA

Toll free: 1-800-297-
Phone: 408-437-1
Fax: 408-437-1
www.maxbriteled.com

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

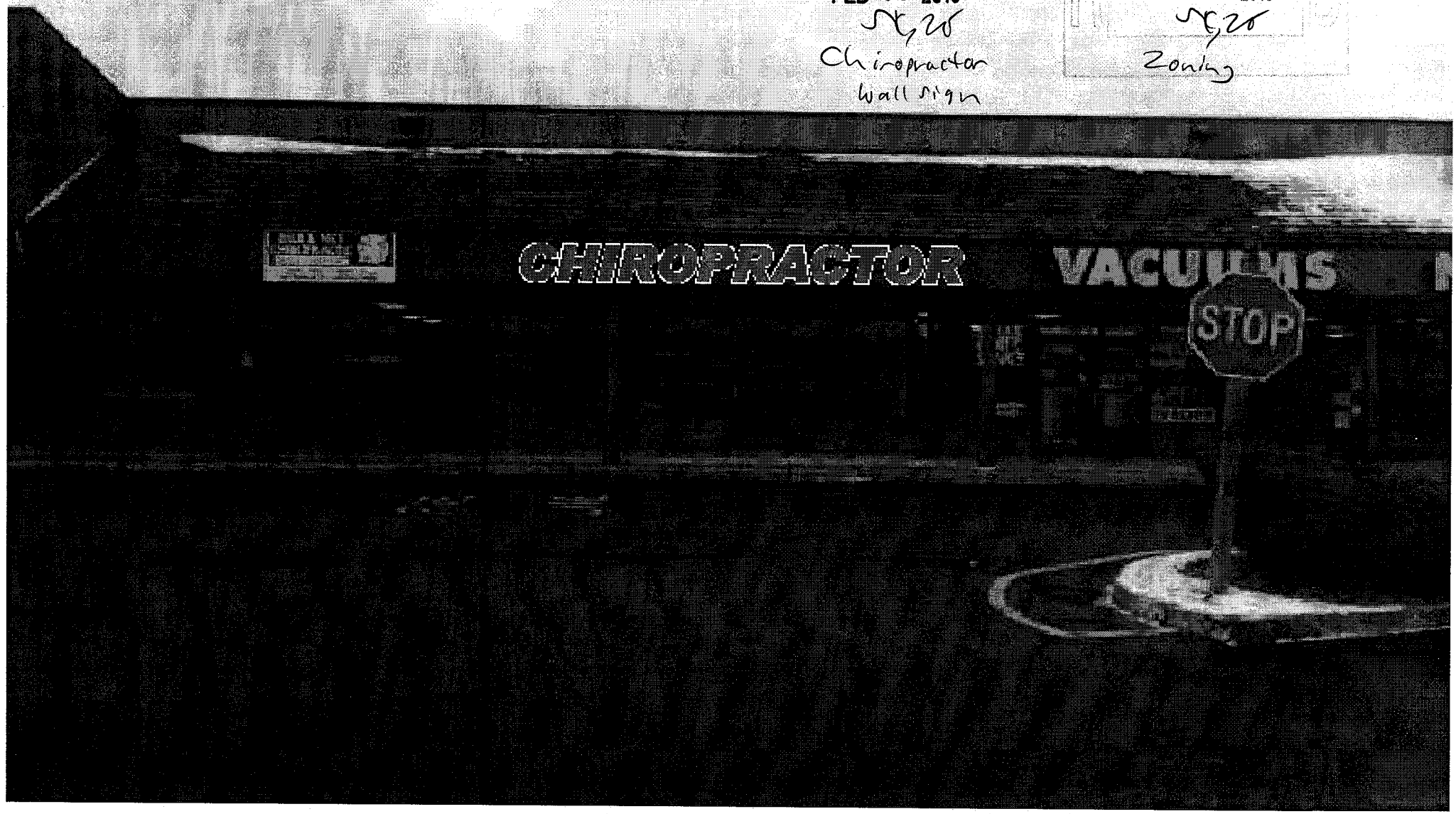
FEB 28 2013

Chiropractor
Wall sign

RECEIVED

FEB 28 2013

Zoning



3/13/13 gave copy of rejection to contractor 3/13/13

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Wednesday, March 13, 2013

To: DRUM POINT PLAZA LLC
249 BRICK BLVD
BRICK, NJ 08723

Chiropractor SGN

RE: Building Subcode
Block: 547.01 Lot: 15 Qual:
335-399 BRICK BLVD.
Permit Number: Control Number: C-13-001014
Last Submit Date: Tuesday, March 12, 2013

Resubmit 3/15/13

Dear DRUM POINT PLAZA LLC,

Your request is hereby denied based upon the following infractions.

Plans must be prepared, signed, and sealed by a NJ design professional

Sincerely,

Michael Vecchio, [redacted]

CC:

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 547.01 LOT: 13 ADDRESS: 387 Brick BLV

IDENTIFICATION:

1. WORK SITE ADDRESS: 387 Brick BLV
2. NAME OF OWNER IN FEE: Theodore Koziol
   ADDRESS: 387 Brick BLV PHONE #: (732) 641-1238
   Brick, NJ 08723 FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: Hollywood Signs
   ADDRESS: 203 Drum Point Rd PHONE #: (732) 644-3130
   Brick, NJ 08723 FAX #: (__) _____
4. ARCHITECT OR ENGINEER: _____
   ADDRESS: _____ PHONE: # (__) _____
5. RESPONSIBLE PERSON FOR WORK: Allen Guddahl
   ADDRESS: 203 Drum Point Rd Brick NJ 08723

PHONE #: (732) 644-3130 FAX #: (__) _____ E-MAIL: _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING
☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL
☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____
☐ OTHER Sign

LENGTH: _____ WIDTH: _____ HEIGHT: _____

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: _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☒ Zoning Officer	JK	2/28/13							ZA-13-00127
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other
Electrical		Barrier Free		
Plumbing		Flood Hazard		
Fire Protection		As Built Elevation Cert.		
Mechanical		Other		

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				