BLOCK 547.01 LOT 15 ADDRESS (SITE) 371 Brick BLVD PERMIT NO. 16-2107

CONSTRUCTION PERMIT APPLICATION

(LM)

Applicant Completes: Sections I, II, III (optional), IV, VI and VII C-15-003299

I. IDENTIFICATION

1. Proposed Work-site at: 371 Brick BLVD
2. Name of Owner Kwasi Hanson Tel. (908 447-7570
   Address 371 Brick BLVD (street) Brick (municipality) 08723 (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. 0773[illegible]
   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	$	125 ✓		
2. Electrical		100 ✓		
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		7		
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	232		

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	

II. PROPOSED WORK

	Est. Cost
1. ☒ Minor work Sign (single trade)	
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	$2,500.00

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
Mail			07/17/15	Mail			
			5/14/15	CO			
Emg	Exempt		7/13/15	ECC			

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) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

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:

UCC Form F-1008

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 7/19/2016
Control Number C-15-003299
Permit Number 16-2107
Permit Issue Date 6/25/2016
Certificate Number 16-2107

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 335-399 BRICK BLVD. Brick Township, NJ 08723 Block: 547.01 Lot: 15 Qual:

Owner in Fee: DRUM POINT PLAZA LLC

Owner Address: 249 BRICK BLVD BRICK NJ 08723

Telephone: (908) 447-7570

Contractor MARK O LITE SIGN CO

Address 1420 RT 9 SOUTH HOWELL NJ 07731-

Telephone: (732) 462-8530 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 22-2239194

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 - CARVEL

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: 7/19/2016

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

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 (732) 462-8530

Signature H. Mark Date 6/10/15

ELECTRICAL SUBCODE
TECHNICAL SECTION

Carvel Sign

Date Received 6/25/16
Control #
Date Issued
Permit # 16-2107

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 371 Brick Blvd Brick, NJ

Owner in Fee: Kwasi Hanson

Tel. (908) 447-7570 e-mail

Address 371 Brick Blvd (street) Brick (municipality) 08723 (zip code)

Contractor: Storm Electric Tel. (732) 591-0215

Address 113 Tennent Rd # 273 Morganville NJ e-mail

Contractor License No. 12986 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 $ 1000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[✓] Electric Plans Approved

Date 7/14/16 Approved by: CEZ

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 7/8/16

Approved by: PC

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other Sign			7-7-16	MW
Service				
Final				
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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

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: M. Brinskelle

Print name here: MICHAEL BRINSKELLE

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Connect to existing line

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	20Amp	KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

CONSTRUCTION PERMIT

Date Issued 6/25/16
Control # C-15-003299
Permit # 16-2107

IDENTIFICATION Block: 547.01 Lot: 15 Qualifier
Work Site Location: 335-399 BRICK BLVD. Brick Township, NJ 08723

Contractor MARK O LITE SIGN CO
Address 1420 RT 9 SOUTH HOWELL NJ 07731-

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

Telephone: (732) 462-8530
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-2239194

Telephone: (908) 447-7570

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 - CARVEL

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 $3,500

Construction Official — Date 7/20/15

PAYMENTS (Office Use Only)	
Building	$125
Electrical	$100
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$7
CO Fee	
Other	~~$0~~ 50
Total	~~$232~~ 282
Check No.	1311
Cash	$0
Credit	$0
Collected By	LH

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.

06/25/16 12:39PM 0015SBH1508
BUILDING $125.00
$100.00
DCA $7.00
ZPA $50.00
CHECK $282.00

- [ ] 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 6/25/16
Date Issued
Control #
Permit # 16-2107

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
Work Site Location 371 Brick Blvd Brick NJ
Owner in Fee Kwasi Hanson
Address 371 Brick Blvd Brick NJ
Tele. (908) 447-7570
Contractor Mark-O-Lite Sign Co.
Address 1420 Rt. 9 South Howell NJ 07731
Tele. (732) 462-8530
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2239194 or Social Security No.

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 H. Mark

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Fabricate + install building sign

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[✓] All	07/17/15	KM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
~~Joint~~ Plan Review ~~Required~~:	App'd 07/17/15	KM
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [✓] CA		
Date:	07/11/16	
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			7/7/16	

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[X] Sign 16 Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other _____
[ ] Other _____
[ ] Demolition

(Office Use Only) FEE

$ _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class 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.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+2) $ 2,500.00

Paid [ ] Check # _____
Collected by: _____

Administrative Surcharge	$ _____
Minimum Fee	$ _____
DCA TRAINING FEE	$ _____
TOTAL FEE	$ _____

U.C.C. Form F-110B

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

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # _____
DATE ISSUED 6/25/15

BLOCK: 547.01 LOT: 15 QUALIFIER: — SITE ADDRESS: 371 Brick Blvd

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Kwasi Hanson
COMPLETE ADDRESS: 371 Brick Blvd Brick, NJ
PHONE # 908-447-7520 EMAIL: _____

2. NAME OF APPLICANT: Manhattan Sign Co.
APPLICANT ADDRESS: 1420 Rt 9
Howell, NJ 07731
PHONE # 732-462-8530 EMAIL: manhattansign@yahoo.com

3. RESPONSIBLE PERSON FOR WORK: Howard Mark
PHONE# 732-462-8530 FAX# 732-409-3772

4. SIGNATURE OF APPLICANT: H. Mark

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ _____
OTHER: $ 50
TOTAL: $ _____

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: Sign
PROPOSED USE Sign

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 _____

HEIGHT: _____ (*APPLICABLE)

OTHER Sign

DESCRIPTION: Fabricate & install building sign.

ZONING REVIEW:

DATE REVIEWED: 7-6-15 DATE DENIED: DATE APPROVED: 7-6-15 INITIALS: CL

(SEE BACK PAGE)

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued:
Application Number: ZA-15-00900
Application Date: 07/06/2015
Project Number:
Permit Number:
Fee: $50

Zoning Permit

Worksite Location: **335-399 BRICK BLVD.**
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: **Mark-O-Lite Sogn Co.**
Address: **1420 Route 9 South**
Howell, NJ 07731

Application Approved Date: 07/06/2015

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

Use is: Single-Family Residential (Carvel)
Nonconforming Use is:

Work Description:
Sign, - Install a 17 sq. ft. sign on building facade.

Sign cannot exceed 15% of the total 1st floor storefront facade.

Additional Zoning permit is required for additional work.

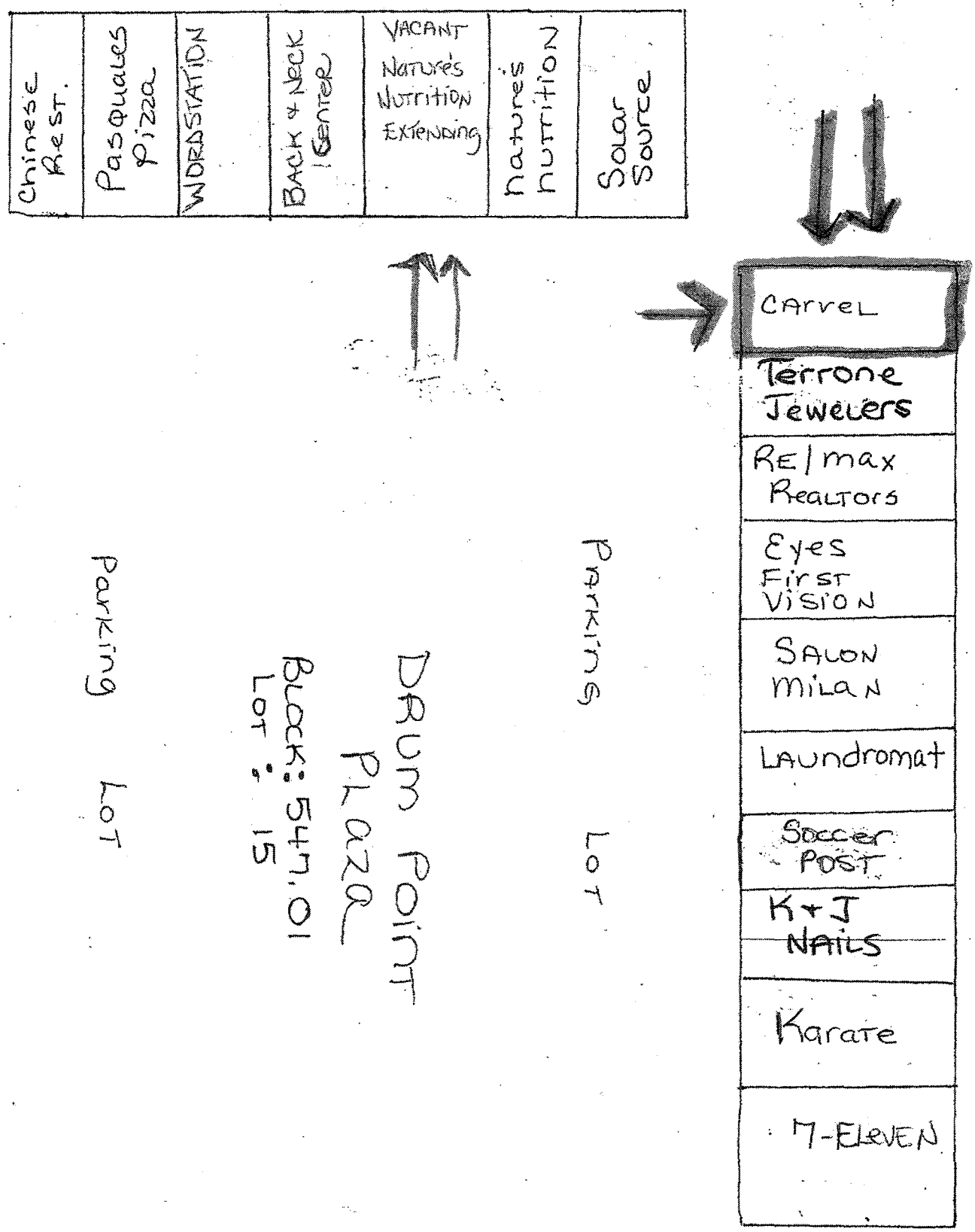
Upon review it was determined that the Zoning Permit:

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

Christopher J. Romano, Office of Zoning — 07/06/2015 Date

Michael P. Fowler, Twp. Planner — 7/7/15 **Date**

SITE MAP


Chinese Rest.
Pasquales Pizza
WORKSTATION
BACK & NECK CENTER
VACANT
Nature's Nutrition Extending
natures nutrition
Solar Source
CARVEL
Terrone Jewelers
RE/max Realtors
Eyes First Vision
SALON MILAN
LAUNDROMAT
SOCCER POST
K+J NAILS
KARATE
7-ELEVEN
DRUM POINT PLAZA
BLOCK: 5470.01
LOT: 15
PARKING LOT
PARKING LOT
DRUM PT. ROAD
BRICK BLVD

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 547.01 LOT: 15 ADDRESS: 371 Brick Blvd

IDENTIFICATION:

1. WORK SITE ADDRESS: 371 Brick Blvd
2. NAME OF OWNER IN FEE: Kwasi Hanson
   ADDRESS: 371 Brick Blvd PHONE #: (908) 447-7570
   Brick, NJ FAX #: ( ) _____
3. PRINCIPAL CONTRACTOR: MarKolite Sign Co.
   ADDRESS: 1420 Rt 9 PHONE #: (732) 462-8530
   Howell, NJ FAX #: (732) 409-3772
4. ARCHITECT OR ENGINEER: _____
   ADDRESS: _____ PHONE: # ( ) _____
5. RESPONSIBLE PERSON FOR WORK: Howard Mark
   ADDRESS: 1420 Rt 9 Howell, NJ

PHONE #: (732) 462-8530 FAX #: (732) 409-3772 E-MAIL: MarKolite-sign@aol.com

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: 7'0" WIDTH: 2'4" HEIGHT: 2'4

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: _____

6/15/15- Spoke to Barbara @ Sign Co. - Needs Engineering + 2 Seale Plans- Will be mailing to us. (NP)

OCT. 2015 Ready for P/U - Called contractor - No

6/24/16 - Spoke w/ Mark O Lite work done & owner responsible for payment

Hanson - Coming in tomorrow to pay -