

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.viii:
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. 5:32-2.15(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.

☒ Check if contractor.

Agent Name Girtain Sign Co. LLC

Address 1765 Rt 9

Toms River N.J 08755

Telephone (732) 349-8499

Signature Helen Johnson

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

Refer to:
Office Of
Inspection

NAME: _____ DATE: _____

SITE ADDRESS: _____ BLOCK: _____ LOT: _____

BUILDING DESCRIPTION: _____ PAGE 1 OF _____

[illegible]☐ LEFT MESSAGE ON MACHINE ☐ FAXED: ____/____/____

☐ LEFT MESSAGE WITH _____

☐ LEFT MESSAGE ON MACHINE ☐ FAXED: ____/____/____

☐ LEFT MESSAGE WITH _____

COMMENTS: P.T.

ONE:
 PHONE:
 IMPORTANT
 A.H.B.T. - EXEMPT



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 01/25/2010
Control Number C-07-005917
Permit Number 08-0137
Permit Issue Date 01/17/2008
Certificate Number 08-0137

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 335-399 BRICK BLVD. Brick Township, NJ Block: 547.01 Lot: 15 Qual: _____
Owner in Fee: DRUM POINT PLAZA LLC
Owner Address: 249 BRICK BLVD BRICK NJ 08723
Telephone: (732) 473-6363
Contractor: GIRTAIN SIGN CO.
Address: 1765 RT 9 TOMS RIVER NJ 08753-
Telephone: _____ Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: 22-3305786

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SIGN INSTALLATION INSTALLING CHANNEL LETTERS (COMMERCIAL) FOR JACKSON HEWITT TAX SERVICE

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:



CONSTRUCTION PERMIT

Date Issued 01/17/2008
Control # C-07-005917
Permit # 08-0137

IDENTIFICATION Block: 547.01 Lot: 15 Qualifier _____
Work Site Location: 335-399 BRICK BLVD. Brick Township, NJ Contractor GIRTAIN SIGN CO.
Owner in Fee DRUM POINT PLAZA LLC Address 1765 RT 9 TOMS RIVER NJ 08753-
249 BRICK BLVD BRICK NJ 08723 Telephone: _____
Telephone: (732) 473-6363 Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. 22-3305786

I am hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

SIGN INSTALLATION INSTALLING CHANNEL LETTERS (COMMERCIAL) FOR JACKSON
HEWITT TAX SERVICE

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 \$925

Construction Official _____

Date _____

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$40
Electrical	\$45
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$30
Total	\$116
Check No.	5980
Cash	\$0
Credit	\$0
Collected By	Stephanie Capozzi

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:

- ☐ 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".

- ☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



ELECTRICAL SUBCODE TECHNICAL SECTION



08-12-66
08-0137

Date Received
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 571 Lot 15 Qualification Code _____

Work Site Location _____

Owner in Fee _____

Address _____

Tel (____) _____

Contractor On-Site Electrical Contractor

Address 475 Admiral Rd.

Tel (____) 609 693-6766

Contractor License No. 15603

Federal Emp. No. 20-3738168

B. ELECTRICAL CHARACTERISTICS

Use Group _____

[] Pole/Pad # _____

Building Occupied as _____

Est. Cost of Elec. Work \$ _____

Proposed _____

[] Temporary [] Other _____

Utility Co. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

Joint Plan Review Required:

[] Building [] Plumbing

[] Fire [] Elevator

[] Elec. Plans Approved

Date: _____

Approved by: _____

INSPECTIONS

Type:

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 _____

Dates (Month/Day)

Failure _____

Failure _____

Approval _____

Initial _____

1-15-10 DO
1-15-10 DO

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's Signature/Contractor's Seal and Signature _____

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

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixtures _____

Receptacles _____

Switches _____

Detectors _____

Light Poles _____

Motors—Fract. HP _____

Emergency & Exit Light _____

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 1/4 HP _____

KW Transformer/Generator _____

AMP Service _____

AMP Subpanels _____

AMP Motor Control Center _____

KW Elec. Sign/Outline Light _____

FEE (Office Use Only)

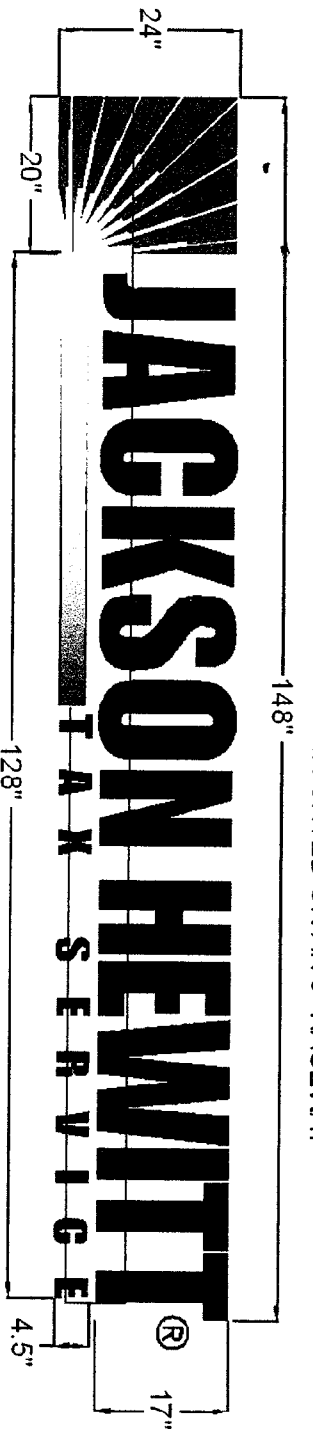
Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

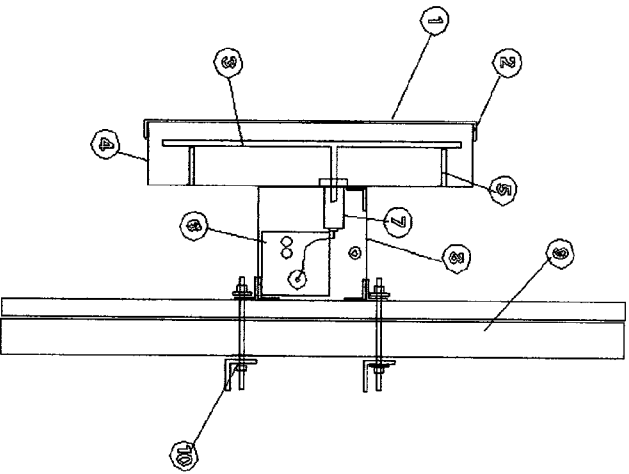
TOTAL FEE \$ _____

ONE SET OF CHANNEL LETTERS MOUNTED ON AN 8" RACEWAY



SITE CONDITIONS:
LOCATION - BRICK, NJ
DESIGN WIND SPEED - 115 MPH
EXPOSURE CLASS - "C"
SOIL GRADE - N/A
MOUNTING HEIGHT - <15 FT

Side view of channel letters mounted on an aluminum raceway

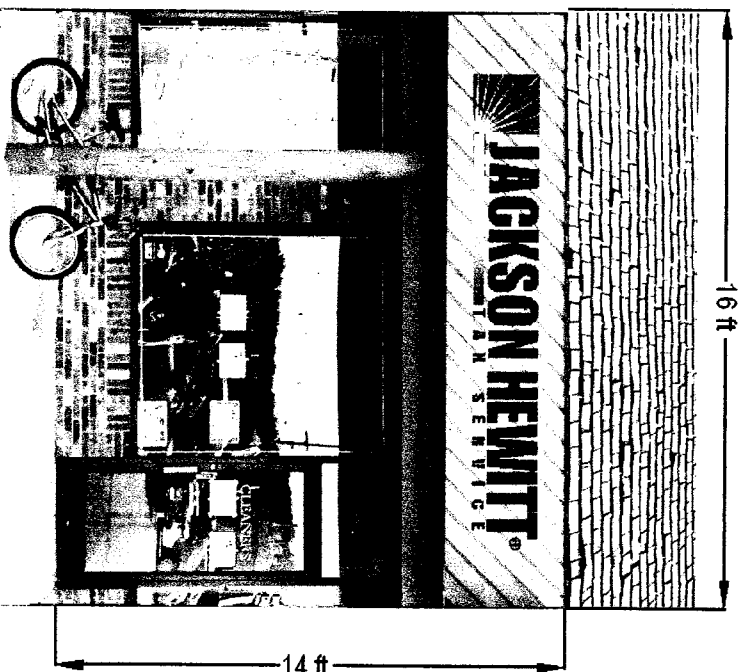


- 1) 3/16" plexiglas
- 2) 1" trim cap
- 3) 15 mil neon 6500 white
- 4) aluminum returns
- 5) standard neon post
- 6) standard outdoor transformer
- 7) standard glass housing
- 8) aluminum raceway
- 9) wood face of building with wood studs
- 10) 3/8" threaded rod with horizontal angle (4-3/8" threaded bolt per raceway) (existing sign circuit) (U.L. listed & labeled-disconnect switch on raceway)

APPROVED FOR ZONING ONLY
SEAN KINNEY, ZONING OFFICER

JAN 11 2007

ENGINEERING
GEORGE RICHARD DAVIS
P.O. Box 8571, Cherry Hill, NJ 08002
(856) 692-8900, (856) 896-0402 fax
George Davis
Sign Installation per
I.B.C. 2006, NJ Edition
NJ Licensed Professional Engineer
Number 43249, Date 1/9/08



GIRTTAIN

SIGN

Company

732-349-8499
732-505-3673 1-800-834-9489

Three Generations
A LIMITED LIABILITY COMPANY

JACKSON HEWITT
TAX SERVICE

DATE 1-9-08
SA jackie@hewitt-08

THIS SKETCH IS PART OF A PROJECT
BEING PLANNED FOR YOU.
BY GIRTTAIN SIGN COMPANY.
IT IS UNLAWFUL FOR IT TO BE COPIED
OR REPRODUCED TO ANYONE OUTSIDE
OF YOUR ORGANIZATION.

SIGNATURE

DATE



BUILDING SUBCODE TECHNICAL SECTION



FORWARD OF MEASUREMENT
BUILDING DEPARTMENT

Date Received
Control #
Date Issued 11/17/08
Permit # 08-0137

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 391 Brick Blvd. N.J.S. 08723
Owner in Fee Drum Point Plaza LLC
Address 349 Brick Blvd. N.J.S. 08723
Tel. (732) 473-1036 N.J.S. 08723
Contractor 1765 34th St. N.J.S. 08723
Address 1005 River N.J.S. 08723
Tel. (732) 349-8499 FAX (732) 505-3673
Contractor License No. or Builder Registration No.
Federal Emp. No. 22335186.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date: Initial	INSPECTIONS	Dates (Month/Day)
		Type:	Failure Failure Approval Initial
☒ All		Footing	
☐ Footing		Footing Bonding	
☐ Foundation		Foundation	
☐ Slab		Slab	
☐ Frame		Frame	
☐ Other		Truss Sys./Bracing	
Joint Plan Review Required:		Barrier-Free	
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator		Insulation	
SUBCODE APPROVAL		Finishes - Base Layer	
☐ CO ☐ CCO ☐ CA		Finishes - Final	
Date: 6-16-08		Energy	
Approved by: [Signature]		Mechanical	
		TCO	
		Other	
		Final	
		Barrier-Free	

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ 625.00
No. of Stories			2. Rehabilitation \$
Height of Structure			3. Total (1+2) \$ 625.00
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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

Installing
channel
letters

FEE (Office Use Only)

ADMINISTRATIVE

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☒ Sign 38.75 Sq. Ft. Height (exceeds 6')
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other
- ☐ Demolition

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



BUILDING SUBCODE TECHNICAL SECTION



TOWNSHIP OF WOODBRIDGE
-CODE ENFORCEMENT AGENCY-
BUILDING DEPARTMENT
15 MAIN ST. WOODBRIDGE, NJ 07095
732-634-5500

Date Received
Control #
Date Issued
Permit #

117168
08-11-97

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

Block 547.61 Lot 15 Qualification Code _____
Work Site Location 241 Brick Blvd
Owner in Fee 241 Brick Blvd
Address 241 Brick Blvd
Tel. (732) 473-1000
Contractor 1115 1st St
Address 1115 1st St
Tel. (732) 473-1000 FAX (732) 473-1000
Contractor License No. or Builder Registration No. _____
Federal Emp. No. 22355182

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
No Plans Required			Type:	Failure	Approval
☒ All			Footings		
☐ Footing			Footings Bonding		
☐ Foundation			Foundation		
☐ Frame			Slab		
☐ Other			Frame		
			Truss Sys./Bracing		
			Barrier-Free		
			Insulation		
			Finishes - Base Layer		
			Finishes - Final		
			Energy		
			Mechanical		
			TCO		
			Other		
			Final		
			Barrier-Free		

Joint Plan Review Required:
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

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. \$ 675.41
2. Rehabilitation \$ _____
3. Total (1+2) \$ 675.41

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

Install 1115 1st St
Chimney
1115 1st St

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☒ Sign 3 X 15 Sq. Ft.
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)

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

U.C.C. F110
(rev. 07/03)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy



BUILDING SUBCODE TECHNICAL SECTION



TOWNSHIP OF WOODBRIDGE
CODE ENFORCEMENT AGENCY
BUILDING DEPARTMENT
1 MAIN ST., WOODBRIDGE, NJ 07095
732-664-4600

Date Received _____
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 _____ Lot _____ Qualification Code _____
Work Site Location _____
Owner in Fee _____
Address _____
Tel. (____) _____ FAX (____) _____
Contractor _____
Address _____
Tel. (____) _____ FAX (____) _____
Contractor License No. or Builder Registration No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Initial
						Failure	Approval
☒ No Plans Required				Footling			
☐ All				Footling Bonding			
☐ Footling				Foundation			
☐ Foundation				Slab			
☐ Frame				Truss Sys./Bracing			
☐ Other				Barrier-Free			
Joint Plan Review Required:				Insulation			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator				Finishes -Base Layer			
SUBCODE APPROVAL				Finishes -Final			
☐ CO	☐ CCO	☐ CA		Energy			
Date: _____				Mechanical			
Approved by: _____				TCO			
				Other			
				Final			
				Barrier-Free			

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. 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

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6') _____ Sq. Ft.
- ☐ Sign _____
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)

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



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 547.21 Lot 15 Qualification Code _____
Work Site Location 391 Beach Blvd.

Owner in Fee 391 Beach Blvd. LLC
Address 391 Beach Blvd. LLC

Tel (732) 473 _____

Contractor On-Site Electrical Contractor

Address 475 Admiral Rd.

Tel (609) 693-6766 FAX (609) 693-6685

Contractor License No. 15603

Federal Emp. No. 20-3738168

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 25000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☒ No Plans Required			Type:	Failure Failure Approval Initial
Joint Plan Review Required:			Rough	
[] Building [] Plumbing			Barrier-Free	
[] Fire [] Elevator			Trench	
[] Elec. Plans Approved			Temp. Serv.	
Date: <u>11-2-06</u>			Constr. Serv.	
Approved by: <u>[Signature]</u>			TCO	
			Other	
			Service	
			Final	
			Barrier-Free	
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued	
[] CO [] CCO [] CA			Final Cut-in-Card Date Issued	
Date: _____			Annual Pool Inspection	
Approved by: _____			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's Signature/Contractor's Seal and Signature: _____

D. TECHNICAL SITE DATA

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

QTY. SIZE ITEMS

Lighting Fixtures _____

Receptacles _____

Switches _____

Detectors _____

Light Poles _____

Motors—Fract. HP _____

Emergency & Exit Light _____

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 _____

KW Elec. Sign/Outline Light _____

Date Received
Control #

Date Issued
Permit #

FEE (Office Use Only)

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

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

Stephen C. Acropolis, Mayor



Department of Engineering

Date: _____

PLOT PLAN EXEMPT FORM

Block: 547-01 Lot: 15

Property Address: 391 Brick Blvd

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: 1/14/08

Signed: _____

Rejected on: _____

Signed: _____

Comments:



COMMERCIAL

**STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE****Taxpayer Name:**

GIRTAIN SIGN COMPANY L.L.C.

Trade Name:**Address:**1765 ROUTE 9
TOMS RIVER, NJ 08755**Certificate Number:**

0082734

Date of Issuance:

January 30, 2006

For Office Use Only:

20060130155247418

**Township of Brick
Zoning Permit**

Approved: Friday, January 11, 2008 **Number:** 2008-19

Block 547.01 **Lot** 15 **Zone:** B-2, Gen. Bus.

Property Address: 335 - 399 Brick Blvd., Drum Point Plaza

Applicant: Helen Johnson, Girtain Signs

Property Owner: John DeGeorge, Drum Point Plaza, LLC

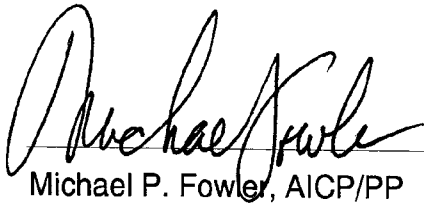
Existing Use: Vacant Unit, Unit # 391, (previously Dry Cleaners)

Proposed Use: Office, "Jackson Hewitt Tax Service"

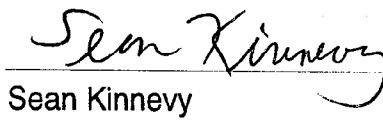
Proposed Construction: Wall sign, 24" x 148", "Jackson Hewitt Tax Service"

Conditions: The total sign area may not exceed 15% of the total façade area. An additional zoning permit is required for any other sign or work.
Zoning Permit No: 2007-1394 approved Nov. 28, 2007.

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.

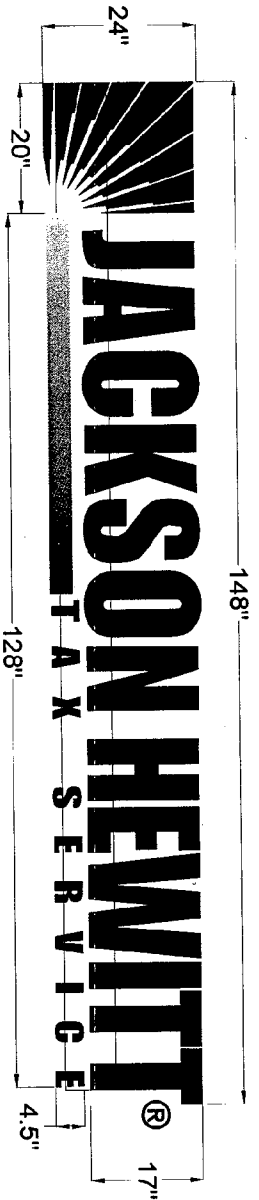

Michael P. Fowler, AICP/PP

Principal Planner


Sean Kinnevy

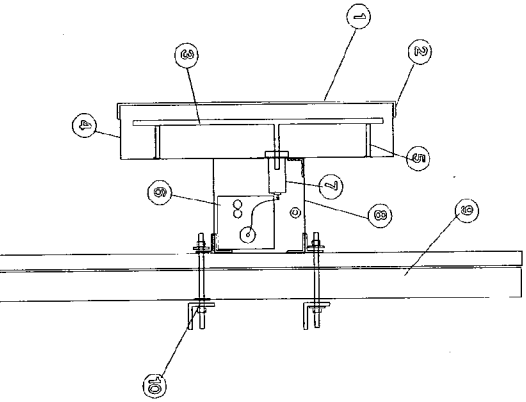
Zoning Officer

ONE SET OF CHANNEL LETTERS MOUNTED ON AN 8" RACEWAY



SITE CONDITIONS:
 LOCATION - BRICK, NJ
 DESIGN WIND SPEED - 115 MPH
 EXPOSURE CLASS - "C"
 SOIL GRADE - N/A
 MOUNTING HEIGHT - < 15 FT

Side view of channel letters mounted on an aluminum raceway

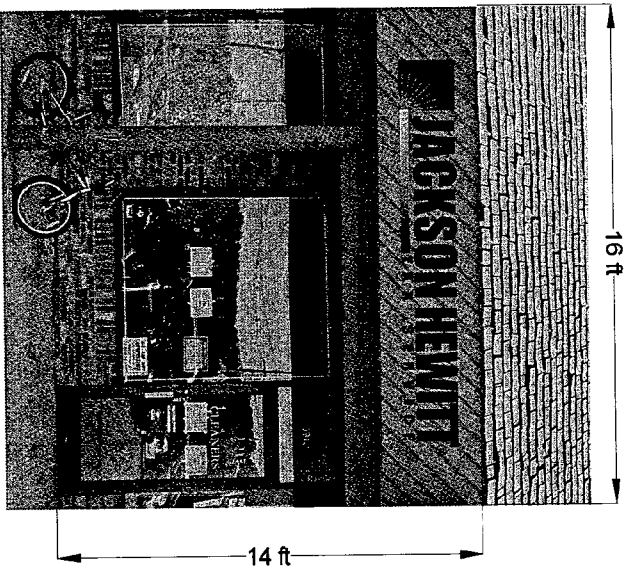


- 1) 3/16" plexiglas
- 2) 1" trim cap
- 3) 15 mil neon 6500 white
- 4) aluminum returns
- 5) standard neon post
- 6) standard outdoor transformer
- 7) standard glass housing
- 8) aluminum raceway
- 9) wood face of building with wood studs
- 10) 3/8" threaded rod with horizontal angle

OVERALL FACADE DIMENSION
 16' LONG X 14' HIGH = 224 SQ. FT.
 15% OF 224 SQ. FT. = 33.6 SQ. FT.
 SIGN = 24.67 SQ. FT.
 WHICH IS WELL WITHIN THE
 ALLOWABLE PARAMETERS
 SET BY THE SIGN CODE IN BRICK

APPROVED FOR ZONING ONLY
 SEAN KINNEY, ZONING OFFICER

JAN 11 2007



**GIRTLAIN
 SIGN**
 Company

7865 ROUTE 9 TOMS RIVER, NJ 08766
732-349-8499
 Fax 732-506-8673 T-800-834-8499
Three Generations
 A LIMITED LIABILITY COMPANY

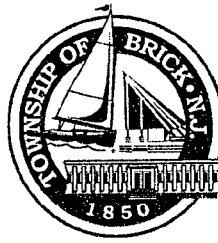
NAME: _____
 DATE: 1-9-08
 JACKSON HEWITT
 A LIMITED LIABILITY COMPANY
 SIGNED: Jackson-hewitt-08

THIS SKETCH IS PART OF A PROJECT
 BEING PLANNED FOR YOU.
 BY GIRTLAIN SIGN COMPANY.
 IT IS UNLAWFUL FOR IT TO BE COPIED
 OR REPRODUCED TO ANYONE OUTSIDE
 OF YOUR ORGANIZATION.

SIGNATURE _____
 DATE _____

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

Stephen C. Acropolis, Mayor



Division of Land Use, Planning &
Affordable Housing

December 12, 2007

Helen Johnson
Girtain Sign Co.
391 Brick Blvd.
Brick, NJ 08724

Re: Block 547.01 Lot 15
391 Brick Blvd.

Dear Ms. Johnson,

Your zoning permit application for a sign on the referenced property cannot be approved because a variance is required.

- As per Section 245-314 (4) (a) [1] of the Code, the area of a wall sign may not exceed (15%) of the façade area and are proposing a sign which is approximately 17 percent of the façade area.

Before any permits can be issued for the proposed sign the Zoning Board of Adjustment must approve a variance. Variance application forms can be obtained from Christine Papa, Board Secretary. Mrs. Papa can be reached at 732-262-1049 for additional information.

Very Truly Yours,

Kate MacDonald
Assistant Zoning Officer

C: Michael Fowler, Principal Planner
Daniel Newman, Jr., Construction Official
Glenn Campbell, Administration
Zoning File

*Change address +/-
block +/- unit # or
address*

1/9/08 Resubmit (KB)





CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block 547.01 Lot 15
Work Site Location 391 Brick Blvd Qualification Code _____
Bricktown N.J. Contractor Certain Sign Co
Owner in Fee Drumtaint Plaza LLC Address 1765 Rt 9
Address 249 Brick Blvd Toms River N.J. 08755
Brick N.J. Tel. (732) 349-8999
Tel. (732) 473-6363 Lic. No. or Bldrs. Reg. No. _____

Is hereby granted permission to perform the following work:

- | | | |
|---|---|---|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☐ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☒ OTHER <u>Sign</u> |
- (Subchapter 8 only)

DESCRIPTION OF WORK: Installing Channel Letters

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 \$ 675⁰⁰ ~~77~~

Construction Official _____

Date _____

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____

(see reverse side)

U.C.C. F170 (rev. 01/04)

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ 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:

☐ 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".

U.C.C. F170-2 (rev. 1/04)

☐ A complete copy of released plans must be kept on the job site.



CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block 547.01 Lot 15 Qualification Code _____
Work Site Location 391 Brick Blvd Contractor Lightwin Sign Co
Bricktown N.J. Address 1765 Rt 9
Owner in Fee Drumtaint Plaza LLC Camden River N.J. 08755
Address 249 Brick Blvd Tel. (732) 349-8999
Brick N.J. Lic. No. or Bldrs. Reg. No. _____
Tel. (732) 473-6363

Is hereby granted permission to perform the following work:

- | | | |
|---|---|---|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☐ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☒ OTHER <u>Sign</u> |
- (Subchapter 8 only)

DESCRIPTION OF WORK: Installing Channel Letters.

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 \$ 675⁰⁰₀₀

Construction Official _____

Date _____

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____

(see reverse side)

U.C.C. F170 (rev. 01/04)

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 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 given.

☐ 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 the case 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. Utility services, including septic.
4. 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.

☐ 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:

☐ 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".

☐ A complete copy of released plans must be kept on the job site.



CONSTRUCTION PERMIT

Date Issued _____

Permit # _____

IDENTIFICATION Block 547121 Lot 15 Qualification Code _____
Work Site Location 244 1st St. N. J. 07102 Contractor James J. Ryan Inc.
Address 244 1st St. N. J. 07102
Owner in Fee James J. Ryan Inc. Tel. (201) 344-0121
Address 244 1st St. N. J. 07102 Lic. No. or Bldrs. Reg. No. _____
Tel. (201) 344-0121

Is hereby granted permission to perform the following work:

- | | | |
|---|---|--|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☐ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☒ OTHER <u>See below</u> |
- (Subchapter 8 only)

DESCRIPTION OF WORK: Installing Channel Letters

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 \$ 675⁰⁰

Construction Official

Date

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____

(see reverse side)

U.C.C. F170 (rev. 01/04)

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 work installed conforms with the requirements of the Uniform Construction Code.

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☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

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2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. 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.

☐ 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:

☐ 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".

☐ A complete copy of released plans must be kept on the job site.

U.C.C. F170-2 (rev. 1/04)



CONSTRUCTION PERMIT

Date Issued _____

Permit # _____

IDENTIFICATION Block _____ Lot _____ Qualification Code _____
Work Site Location _____ Contractor _____
Address _____
Owner in Fee _____
Address _____ Tel. (_____) _____
Tel. (_____) _____ Lic. No. or Bldrs. Reg. No. _____

Is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
(Subchapter 8 only)

DESCRIPTION OF WORK: _____

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 \$ _____

Construction Official

Date

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____

(see reverse side)

U.C.C. F170 (rev. 01/04)

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 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 given.

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2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. 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.

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☐ A complete copy of released plans must be kept on the job site.

DeGeorge Development, LLC

November 26, 2007

Township of Brick
Chambers Bridge Road
Attn: Zoning/Building Dept.
Brick, NJ 08723

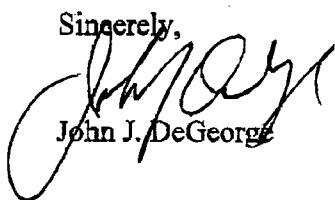
Re: Jackson Hewitt Tax Service
391 Brick Blvd.
Drum Point Plaza Shopping Center

To Whom It May Concern:

As the owner of the Drum Point Plaza Shopping Center, I give my permission for the above-referenced tenant, Jackson Hewitt Tax Office, to have a sign installed at their location in the Drum Point Plaza shopping center.

Girtain Sign Company will be installing the sign.

Sincerely,



John J. DeGeorge

Township of Brick Zoning Permit

Approved: Wednesday, November 28, 2007 **Number:** 1394

Block 547.01 **Lot** 15 **Zone:** B-2, Gen. Bus.

Property Address: 335 - 399 Brick Boulevard, Drum Point Plaza

Applicant: John De George, Drum Point Plaza, LLC

Property Owner: John J. DeGeorge

Existing Use: Vacant Unit #391 (previously Dry Cleaner's)

Proposed Use: Office "Jackson - Hewitt Tax Service "

Proposed Construction: Interior alterations for a new business.

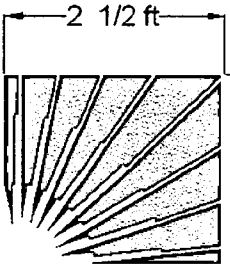
Conditions: An additional zoning permit is required for any sign or banner or any other work.

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
Principal Planner

C O P Y

Sean Kinnevy
Zoning Officer



JACKSON HEWITT®

T A X S E R V I C E

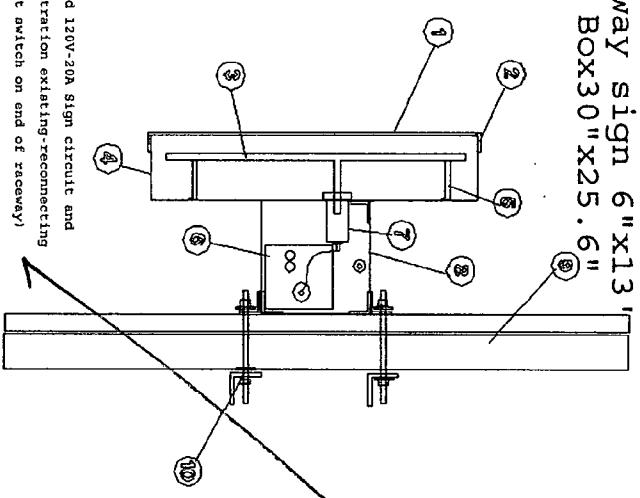
17+%

15 1/2 ft

16 ft

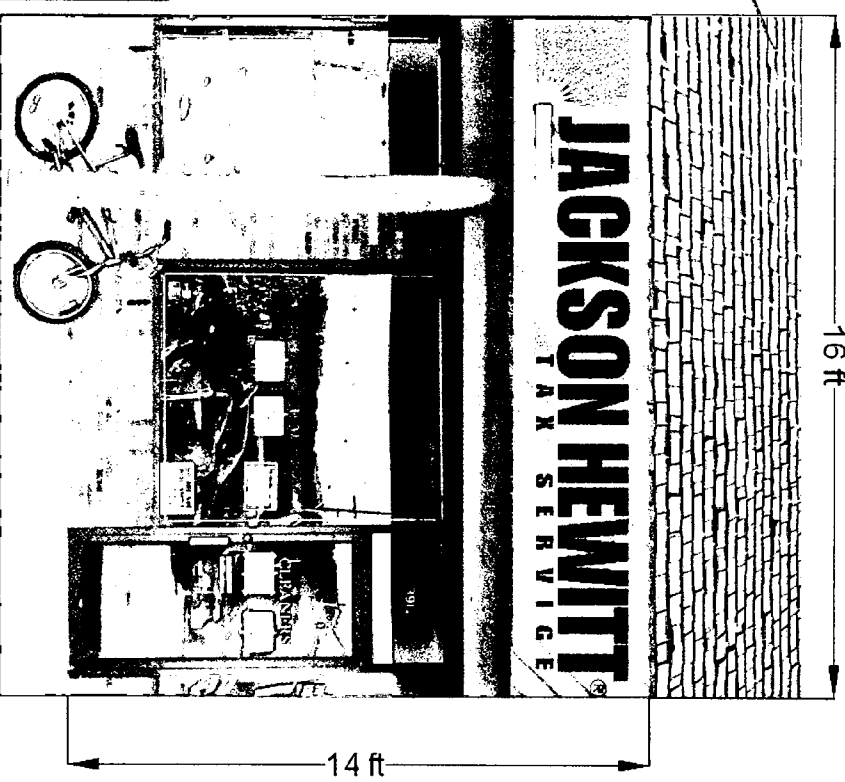
Side view of channel letters mounted on an aluminum raceway

Sizes
 Channel Letters-21.25"
 Raceway 8"x8"x16"
 Raceway sign 6"x13"
 Logo Box30"x25.6"



- | Site Conditions: | |
|--------------------|------------|
| Location- | Bri ck, NJ |
| Design Wind Speed- | 11.5 MPH |
| Exposure Class- | "C" |
| Soil Grade- | N/A |
| Mounting Height- | <15 FT |
- 3/16" plexiglas
 - 1" trim cap
 - 5 mil neon GS80 white
 - aluminum return
 - standard neon post
 - standard outdoor transformer
 - standard glass housing
 - aluminum raceway
 - wood face of building with wood studs
 - 3/8" threaded rod with horizontal angle

(Dedicated 120V-20A sign circuit and wall penetration existing-reconnecting Disconnect switch on end of raceway)



GIRTAIRN SIGN Company

732-349-8499
 732-505-3673 1-800-834-8499
Three Generations
 A LIMITED LIABILITY COMPANY

Sign Installation Per I.B.C. 2006, NJ Edition
 NJ Licensed Professional Engineer
 Number 43249, Date 12/5/07

ENGINEERING
 GEORGE RICHARD DAVIS
 P.O. Box 8571, Cherry Hill, NJ 08002
 (856) 682-8900, (856) 896-0402 fax

THIS SKETCH IS PART OF A PROJECT BEING PLANNED FOR YOU, BY GIRTAIRN SIGN COMPANY. IT IS UNLAWFUL FOR IT TO BE COPIED OR REPRODUCED TO ANYONE OUTSIDE OF YOUR ORGANIZATION.

SIGNATURE
 DATE