BLOCK 547.01 LOT 15 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 09-3117

CONSTRUCTION PERMIT APPLICATION

09-00413/de

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

I. IDENTIFICATION

1. Proposed Work Site at: 343 Brick Blvd Brick 08723
2. Name of Owner in Fee: K & J Nails - DeGeorge
   Tel. (732) 477 7237 e-mail _____
   Address 343 Brick Blvd Brick 08723 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: All American Home Imp Tel. (732) 892 5303
   Address 2308 Dorset Dock RD e-mail _____
   PI Pleasant NJ 08742
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date 12/31/10
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH03773800
   Federal Emp. ID No. 20 85-69934 FAX: (732) 892 5303
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX: (____) _____
6. Responsible Person in Charge once Work has Begun Robert Sher
   Tel. (732) 892 5302 FAX: (732) 892 5303

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 40 ✓		
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	3		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other ZP-	30.00		
13. TOTAL	$ 113.00		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area — Largest Floor sq. ft.	
4. New Building Area 26 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

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

Sign

Elec. to follow

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	1500	DD	12/3/09		12/10/09	KA			
☒ Electrical					12-22-09	DD			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

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. (X) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. (X) I further certify that I will perform or supervise the following work:
C.1. (X) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. (X) 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 Robert Sher Date 12/3/09

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.

(X) Check if contractor.

Agent Name All America Home Imp

Address 2308 Dorset Dock Rd
Point Pleasant NJ 08742

Telephone (732) 892 5303

Signature RA SC

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 01/25/2010
Control Number C-09-004366
Permit Number 09-3117
Permit Issue Date 12/22/2009
Certificate Number 09-3117

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 335-399 BRICK BLVD. 343 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:

Contractor ALL AMERICAN HOME IMPROVEMENT

Address 2308 DOCKET DOCK ROAD PT PLEASANT NJ 08742

Telephone: (732) 892-5303 Fax: (732) 892-5303

License Number or Builders Registration Number: 13VH03772800 Federal Emp. Number: 20-856-9934

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

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: 01/25/2010 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 12-22-09
Control # C-09-004366
Permit # 09-3117

IDENTIFICATION Block: 547.01 Lot: 15 Qualifier

Work Site Location: 335-399 BRICK BLVD. 343 BRICK BLVD Brick Township, NJ

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

Telephone:

Contractor: ALL AMERICAN HOME IMPROVEMENT
Address: 2308 DOCKET DOCK ROAD PT PLEASANT NJ 08742

Telephone: (732) 892-5303
Lic. No. or Bldrs. Reg. No. 13VH03772800
Federal Employee. No. 20-856-9934

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

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 $1,650

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$40
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$30
Total	$113
Check No.	10
Cash	$0
Credit	$0
Collected By	

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

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR **4 GOLD - APPLICANT**

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

XX02 SERV.002

BLDG	$40.00
ELECTRIC	$40.00
DCA	$3.00
FEE	$30.00
CHECK	$113.00

- [ ] 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.

Drumpoint Road

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 09-3117

Date Issued / Permit # 12-22-09

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 13 Qualification Code

Work Site Location 335-339 BRICK Blvd. Brick NJ 08723

Owner in Fee: DeGeorge

Tel. ( ) e-mail

Address (street)

Contractor: Horizon (municipality) Elec Tel. (732) 920 3086 (zip code)

Address 50 WOODLAND DR BRICK N.J. 08723 e-mail

Contractor License No. 12803 Exp. Date 03-2012

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

Federal Emp. ID No. 22-3446627 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 150

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date 12-22-09 Approved by: DO

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 1-19-10

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			1-13-10	DD
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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Sign

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	1	KW Elec. Sign/Outline Light	

COMMERCIAL

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 09-3117
Control #

Date Issued 12-22-09
Permit #

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

Block 5401 Lot 15 Qualification Code

Work Site Location 343 Brick Blvd Brick 08723
Drum Point Plaza

Owner in Fee: K & J Nails Dr George

Tel. (215) 430-3770 e-mail

Address 343 Brick Blvd Brick 08723
street municipality zip code

Contractor: All American Home improvements Tel. (732) 892-5303

Address 2308 A Dorset Dark Rd e-mail RoBUSA Homese Ad.
Pt Pleasant NJ 08742

Contractor License No. or Builder Registration No. Exp. Date 12/31/10

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH03772800

Federal Emp. ID No. 20 8569934 FAX: (732) 892-5303

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] ~~Interior~~	12/18/09	RK

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] OA
Date: 1/13/10
Approved by: RK

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			11/12/10	G.F.
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present Proposed
If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $1500 00

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install Sign

COMMERCIAL

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[X] Other Put Sign
[ ] Demolition

FEE (Office Use Only)
$

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

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 09-3117
Control #

Date Issued 12-22-09
Permit #

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

Block 541.01 Lot 15 Qualification Code ____

Work Site Location 335-339 Brick Blvd.
Brick NJ 08723

Owner in Fee: DeCheria
Tel. (____) ____ e-mail ____
Address ____

Contractor: Horizon Elec. Tel. (732) 920 5086
Address 50 Woodland Dr. e-mail ____
Bricks N.J. 08723

Contractor License No. 12803 Exp. Date 03-2012

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

Federal Emp. ID No. 22-3446627 FAX: (____) ____

B. ELECTRICAL CHARACTERISTICS

Use Group Present ____ Proposed ____

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

Building Occupied as ____ Utility Co. ____

Est. Cost of Elec. Work $ 150

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date 12-22-09 Approved by: DO

[ ] Electric Plans Approved
Date: ____ Approved by: ____

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

SUBCODE APPROVAL for PERMIT
Date: ____
Approved by: ____

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
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 ____

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.

[signature]
Applicant's Signature/Contractor's Seal and Signature

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

12803

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Sign

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	1	KW Elec. Sign/Outline Light	

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

Date Received 09-3117
Control #

Date Issued 12-22-09
Permit #

BUILDING 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 [illegible] Lot [illegible] Qualification Code

Work Site Location [illegible]

Owner in Fee: [illegible]

Tel. ([illegible]) [illegible] e-mail

Address [illegible]
street municipality zip code

Contractor: [illegible] Tel. (732) [illegible]

Address [illegible] e-mail [illegible]

Contractor License No. or Builder Registration No. ______ Exp. Date [illegible]

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

Federal Emp. ID No. [illegible] FAX: ([illegible]) [illegible]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	12/18/09	[illegible]

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed ______
No. of Stories
Height of Structure ______ ft.
Area — Largest Floor ______ sq. ft.
New Bldg. Area/All Floors ______ sq. ft.
Volume of New Structure ______ cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present ______ Proposed ______
If Industrialized Building:
State Approved ______ HUD ______

Est. Cost of Bldg. Work:
1. New Bldg. $
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]
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install Sign

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence ______ Height (exceeds 6')
[ ] Sign ______ Sq. Ft.
[ ] Pool
[ ] Retaining Wall ______ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[X] Other [illegible]
[ ] Demolition

FEE (Office Use Only)
$

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

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

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

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER CU9-004366

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

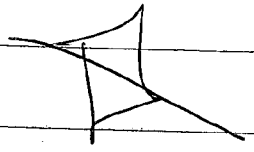
ADDRESS OF APPLICATION: 313 Brick blvd

DATE REVIEWED: 12-04-09

REVIEWED BY: AP

CONTACT CALLED/FAXED: Robert 732-892-5313 - left message on machine

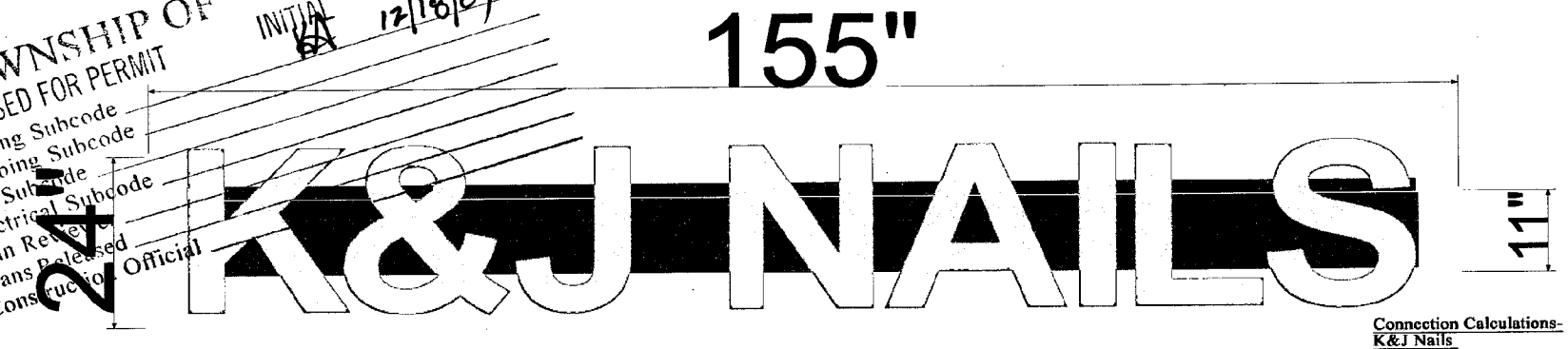
- need square footage of sign



26

Frank/plan review template

TOWNSHIP OF
RELEASED FOR PERMIT
Building Subcode
Plumbing Subcode
Fire Subcode
Electrical Subcode
Plan Review
Plans Released
Construction Official
INITIAL BA DATE 12/18/09



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
DEC 15 2009

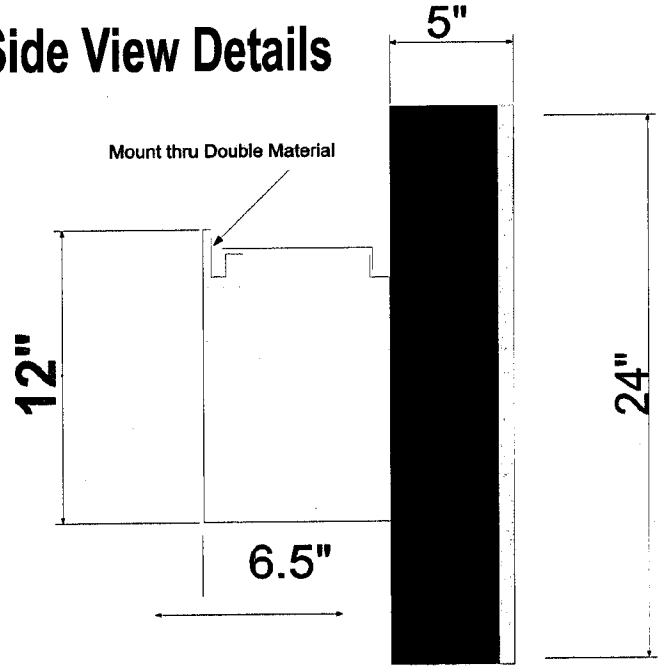
Connection Calculations-
K&J Nails
34.1 psf @ 110 mph (3 second gust factor)
Wind Load 34.1 x 26 =886.1 lbs
Weight =200 lbs
Snow Load = 100 lbs

Tension Load = 715 lbs (Top Connection)
Shear Load = 300 lbs

Provide atleast four (4) rows 3/8" lag screw connections or 3/8" Toggle connections

Lag screw connection must penetrate a min. of 2.5" into wood stud, toggle bolt connections to be used if stud is not present at connection location. A min. of two (2) stud connections required.

Side View Details



LED CHANNEL LETTERS:

Total Square feet : - 26 Sq.Ft.
Black Returns
Pink Faces
Silver Trim Cap
Bronze Raceway

Designed per IBC - NJ 2006
Snow Loads:
Ground Snow Load.....Pg-30 psf
Snow Exposure Factor.....Ce=1.0
Snow Load Importance....Is=1.1
Thermal Factor.....Ct=1.0

Wind Loads:
Basic Wind Speed.....110 mph
Wind Importance Factor...I=1.15
Wind Exposure.....C
Interal Pressure Coef.....GCPI-/-0.1
ASCE Force Coef.....1.2
Gust Factor.....0.85

Exterior Components designed in accordance with applicable provisions of the ASCE 7-05

Murdoch Engineering
2028 New Bedford Rd.Ste. 408
Spring Lake, NJ 07762
(973)-570-8215
NJ P.E. License #24343
Richard DiFolco, P.E., P.P.

TRADEWIN SIGN LLC

Client Name:
Location:
Start Date:
Last Revision:
Job#:
Drawing#:
Page:
Client Approval
Landlord Approval
Sales Rep:
Designer:
Project Manager

Township of Brick
Zoning Permit

Approved: Tuesday, December 15, 2009 **Number:** 2009-904

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

Property Address: 343 Brick Boulevard; Drum Point Plaza

Applicant: Julie Tsan; K & J Nails

Property Owner: Drum Point Plaza, LLC/John J. DeGeorge

Existing Use: Nail salon.

Proposed Use: Nail salon.

Proposed Construction: Wall sign, 24" x 155", "K & J Nails".

Conditions:
The total sign area may not exceed 15% of the total façade area.
An additional zoning permit is required for any additional sign or banner.

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
Administrative Officer

Sean Kinnevy, Zoning Officer
Zoning Reviewer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

RECEIVED
DEC 7 2009

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 547.01 LOT 15 QUALIFIER Unit 343

PROPERTY ADDRESS 343 Brick Blvd. Drum Point Plaza

PERSONAL NAME OF APPLICANT Julie ISAN, K & J Nails

BUSINESS NAME OF APPLICANT K & J Nails

MAILING ADDRESS OF APPLICANT 2308A Dorset Oak RD, Ft. Pleasant NJ 08742

PROPERTY OWNER'S FULL NAME John J. DeGeorge

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) ~~Chiropractor office~~ - NAIL Salon

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) Nail Salon

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☐ Alteration
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☒ Other (please describe) Install Sign 113'

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

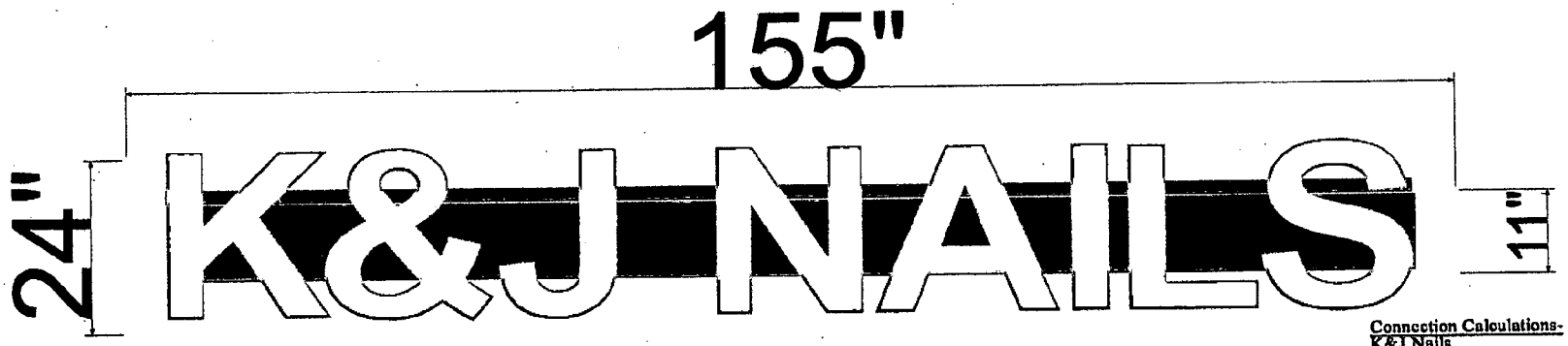
Note: **No partial, taped, faxed, reduced or enlarged copies can be accepted.**

COMMERCIAL

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT Julie Date 12/2/09

Reviewed by Zoning Office KC, ZO Date 12/10/9 (X) Approved ( ) Denied



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
DEC 15 2009

Connection Calculations-
K&J Nails
34.1 psf @ 110 mph (3 second gust factor)
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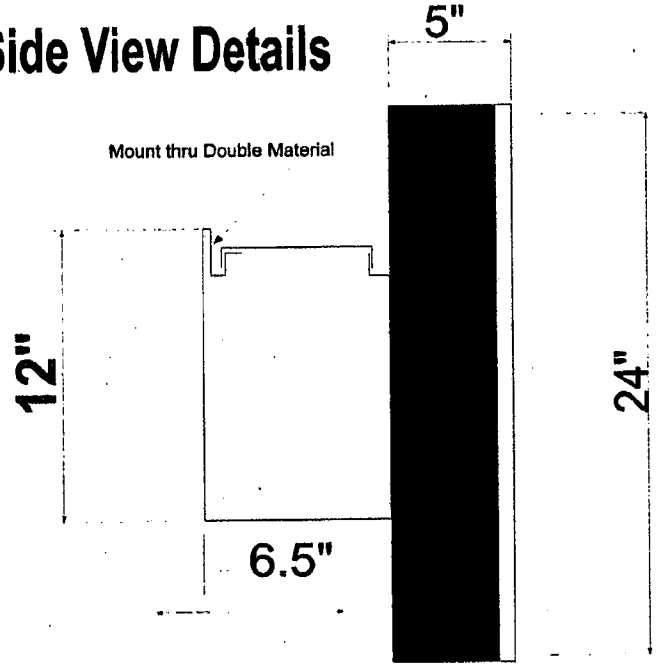

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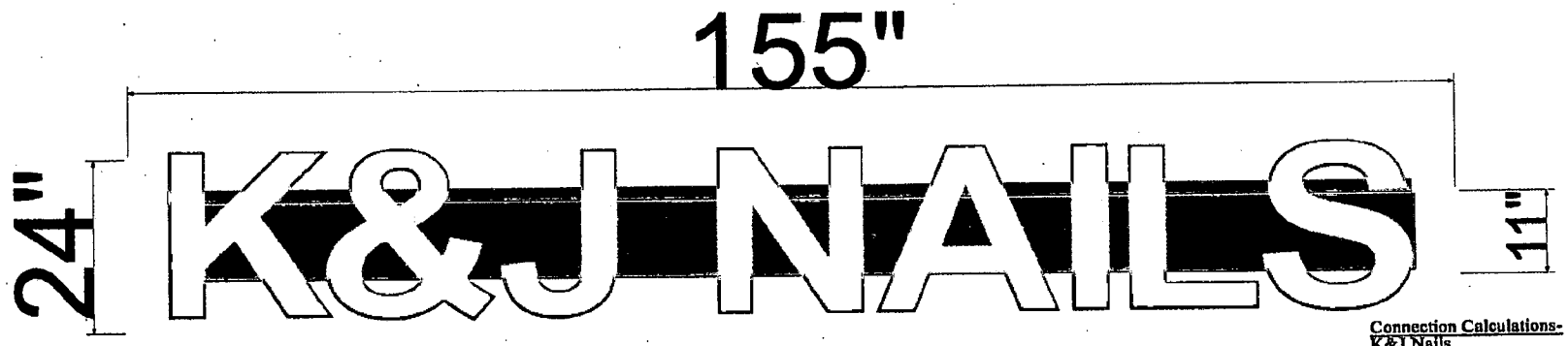
Exterior Components designed in accordance with applicable provisions of the ASCE 7-05

Murdoch Engineering
2028 New Bedford Rd.Ste. 408
Spring Lake, NJ 07762
(973)-570-8215
NJ P.E. License #24343
Richard DiFolco, P.E., P.P.

TRADEWIN SIGN LLC	Client Name:	Start Date:	Client Approval	Sales Rep:
	Location:	Last Revision:	LandLord Approval	Designer:
		Job#:		Project Manager
		Drawing#:		
		Page:		

COMING SOON
NAIL SALON
113
DEC 15 2009



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

DEC 15 2009

SK, ZO

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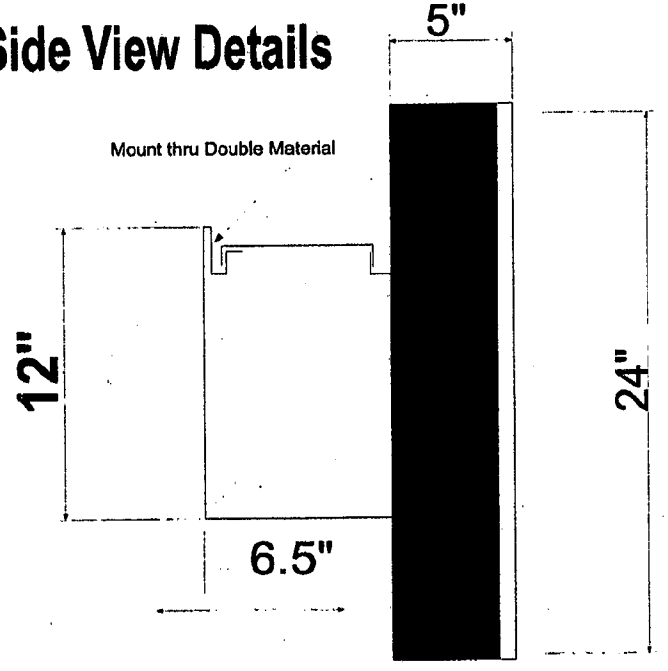

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NJ P.E. License #24343
Richard DiFolco, P.E., P.P.

TRADEWIN SIGN LLC	Client Name: Location:	Start Date: Last Revision: Job#: Drawing#: Page:	Client Approval Landlord Approval	Sales Rep: Designer: Project Manager

SITE MAP

Chinese Rest.	Pasquales Pizza	Jackson Hewitt TAX	Drum Pt. Deli	Vacuum World	Natures nutrition	Pharmacy

— DRUM PT. ROAD —

Parking Lot

DRUM POINT PLAZA

Parking Lot

CARVEL
STORE Tee's
RE/max REALTORS
Eyes First VISION
SALON MILAN
LAUNDROMAT
JEWELRY STORE
K+J
NAILS
KIDS STOP
PARADISE POOLS

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
DEC 15 2009

— BRICK BLVD —

SITE MAP

Chinese Rest.	Pasquales Pizza	Jackson Hewitt TAX	Drum Pt. Deli	Vacuum World	Natures nutrition	Pharmacy

CARVEL
SHORE Tee's
RE/max REALTORS
Eyes First VISION
SALON MILAN
LAUNDROMAT
JEWELRY STORE
K+J NAILS
KIDS STOP
PARADISE POOLS

PARKING LOT

DRUM POINT PLAZA

PARKING LOT

— DRUM PT. ROAD —

— BRICK BLVD —

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
DEC 15 2009

TOWNSHIP OF BRICK

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

Stephen C. Acropolis, Mayor

Township Council:
Joseph Sangiovanni – President
Dan Toth – Vice President
Brian DeLuca
Anthony Matthews
Kathy M. Russell
Ruthanne Scaturro
Michael A. Thulen, Sr.

Department of Community Development & Land Use

Division of Land Use & Planning

732-262-1039
732-262-1083

Fax: 732-262-8954
www.twp.brick.nj.us

ZONING PERMITS FOR SIGNS

1) A zoning permit is required before a sign or advertising structure may be erected or replaced.

2) All requirements of Chapter 190 of the Township Code must be met.

3) Two (2) copies of a plot plan or survey map must be submitted with the zoning permit application.

4) Three (3) copies of a drawing must be submitted with the application showing the following:

   - All dimensions of sign.
   - Area (square footage) of the sign.
   - Total height of the sign (pylon sign).
   - Distance from the ground to the beginning of the sign (pylon sign).
   - Wording on the sign.
   - Sign location on the building façade (wall sign).

5) The street address must be displayed on a pylon sign.

Sean Kinnevy
Zoning Officer 2/10/04

311 ACCESS BRICK TOWNSHIP