

BLOCK 547.01 LOT 15 QUALIFICATION CODE _____ ADDRESS (SITE) 367 BRICK BLVD. PERMIT NO. 05-0896



CONSTRUCTION PERMIT APPLICATION

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

05-133309

I. IDENTIFICATION

1. Proposed Work Site at: SHORE SCUBA CENTER
2. Name of Owner in Fee: DRUM POINT PLAZA, LLC Tel. (732) 335-4269
Address 249 BRICK BLVD. BRICK NJ 08723
street municipality zip code
3. Ownership in fee: Public _____ Private X
4. Principal Contractor: GIRTAIN SIGN CO. LLC Tel. (732) 349-8499
Address 1765 LAKEWOOD RD TOMS RIVER NJ 08755
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. 223305786 FAX: 732 505 367
5. Architect or Engineer _____ Tel. (____) _____
Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
Tel. (____) _____ FAX: (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>40</u>		
2. Electrical	\$ <u>40</u>		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for Plan Review	\$ <u>5</u>		
8. Subtotal	\$		
9. State Permit Fee Surcharge	\$		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other	\$ <u>30</u>		
13. TOTAL	\$ <u>115</u>		

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 _____ no _____	
11. Max. Live Load		
12. Max. Occupancy Load		

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Rejection	Reviewer
1. ☒ Minor Work	<u>3600</u>	<u>1/18/05</u>	<u>3/1/05</u>		<u>3/23/05</u>	<u>FW</u>	<u>6/17/05</u>		
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair ☐ b. Alteration ☐ c. Renovation ☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing ☒ Electrical	<u>100</u>				<u>3/23/05</u>	<u>WM</u>			
7. ☐ Elevator Devices									
8. ☐ Asbestos Abat. Subch. B									
9. ☐ Lead Hazard Abatement									
10. ☐ Demolition									
TOTAL COSTS	<u>3700</u>	<u>FW</u>	<u>3/1/05</u>		<u>3/17/05</u>				

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. 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:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

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

Steve Edgerly

Date

MAR 7, 2005

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

GIRTAIR SIGN CO. LLC.

Address

1765 LAKEWOOD ROAD

TOMS RIVER, N.J. 08755

Telephone

(732) 349-8499

Signature

Steve Edgerly

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

OFFICE DATE RECEIVED: _____

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

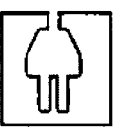
IMPORTANT
A.H.B.T. - EXEMPT

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)	
Name of Code & Edition	Name of Code & Edition
Building _____	Energy _____
Electrical _____	Barrier Free _____
Plumbing _____	Flood Hazard _____
Fire Protection _____	As Built Elevation Cert. _____
Mechanical _____	Other _____

X. CERTIFICATES ISSUED (office use only)	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____



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 54721 Qualification Code 15

Work Site Location Shore Center, Newark, NJ 08710

Owner in Fee Shore Drive Plaza, LLC

Address 309 Brick Blvd, Brickton NJ 08723

Tel (732) 735-4469

Contractor Belgian Corp

Address 705 OHagan Terrace, Neptune NJ 07753

Tel (732) 918-8828 FAX (732) 918-1767

Contractor License No. 13728 22-3339339

Federal Emp. No. 22-3339339

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

☐ Pole/Pad # 1 ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
			Type:	Failure	Failure	Approval	Initial
☐ No Plans Required			Rough				
☐ Joint Plan Review Required			Barrier-Free				
☐ Building ☐ Plumbing			Trench				
☐ Fire ☐ Elevator			Temp. Serv.				
☒ Elec. Plans Approved			Constr. Serv.				
Date: <u>32308</u>			TCO				
Approved by: <u>MM</u>			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

QTY	SIZE	ITEMS
		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 1/4 HP	
KW Transformer/Generator	
AMP Service	
AMP Subpanels	
AMP Motor Control Center	
KW Elec. Sign/Outline Light	

Date Received
Control #

Date Issued 3/31/05
Permit # 05-0896

FEE (Office Use Only)

Administrative Surcharge	\$
Minimum Fee	\$
State Permit Surcharge Fee	\$
TOTAL FEE	\$ <u>40</u>



Date Received
Date Issued 3/31/65
Control #
Permit # 05-0846

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

Block 549.01 Lot 15
Work Site Location SHORE SCUBA CENTER
BRICK BLVD, #367 (DRUM POINT PLAZA)
Owner in Fee DRUM POINT PLAZA LLC
Address 249 BRICK BOULEVARD
BRICK N.J. 08723
Tel. 732-735-4269
Contractor GIRTAIN SIGN CO. LLC
Address 1765 LAKEWOOD RD.
TDWYS RIVER, N.J. 08735
Tel. 732-344-8444
Lic. No. or Bids. Reg. No. 223305786
Federal Emp. No. 223305786 or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
			Type:	Failure	Approval
☒ No Plans Req.			Footings		
☒ All	3-27-05	HW	Foundation		
☒ Footing			Slab		
☐ Foundation			Frame		
☐ Frame			Insulation		
☐ Other			Finishes:		
Joint Plan Review Required:			Energy		
☐ Elec. ☐ Plumb. ☐ Fire			Mechanical		
SUBCODE APPROVAL			TCO		
☐ CO ☐ CC ☐ CA			Other		
Date: <u>03-27-05</u>			Final		
Approved By: <u>HW</u>					

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Alteration \$ 3,600
Height of Structure			3. Total (1+2) \$ 3,600
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 Gene Laguarda

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALL NEW CHANNEL LETTER ILLUMINATED SIGN ON STORE FRONT FACIA

Only 1 Day

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Roofing
- ☐ Siding
- ☒ Fence
- ☒ Sign
- ☐ Pool
- ☐ Asbestos Abatement
- ☐ Other
- ☐ Other
- ☐ Demolition

Height (6' or over)
Sq. Ft.

(Office Use Only)
FEE

Administrative Surcharge \$
Paid ☐ Check # _____ Minimum Fee \$
Collected by: _____ DCA TRAINING FEE \$
TOTAL FEE \$

ONE SET OF INTERNALLY ILLUMINATED CHANNEL LETTERS MOUNTED ON AN ALUMINUM RACEWAY.

15'

OPTION "C"

18"
SHORE SCUBA
RED
WHITE

**GIRTAIR
SIGN**
Company

1065 ROUTE 9 TOMS RIVER, NJ 08755
732-349-8499
Fax 732-505-3673 1-800-834-8499
Three Generations
A LIMITED LIABILITY COMPANY

NAME

SHORE SCUBA

DATE

2-8-05

BY

SHORE-SCUBA

DESCRIPTION:

INTERNALLY ILLUMINATED
CHANNEL LETTERS
ON A RACEWAY



CONSTRUCTION PERMIT

Date Issued 03/31/2005
Control # C-05-133309
Permit # 05-0896

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

Is 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

INSTALL NEW CHANNEL LETTER SIGN ON STORE FRONT FACIA

Note: If construction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$3,700

Construction Official Date 03/31/2005

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

INSPECTOR COPY

PAYMENTS (Office Use Only)

Building	\$40
Electrical	\$40
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$5
CO Fee	
Other	\$30
Total	\$115
Check No.	124
Cash	\$0
Credit	\$0
Collected By	<u>Damian Ayers</u>

ONE SET OF INTERNALLY ILLUMINATED CHANNEL LETTERS MOUNTED ON AN ALUMINUM RACEWAY.

15'

OPTION "C"

18"
SHORE SCUBA
RED
WHITE

**GIRTAIN
SIGN**
Company

1765 ROUTE 9 TOMS RIVER, NJ 08755

732-349-8499

Fax 732-505-3673 1-800-834-8499

Three Generations
A LIMITED LIABILITY COMPANY

NAME

SHORE SCUBA

DATE

2-8-05

BY

SHORE-SCUBA

DESCRIPTION:

**INTERNALLY ILLUMINATED
CHANNEL LETTERS
ON A RACEWAY**

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Joseph C. Scarpelli, Mayor

Township Council:

Stephen C. Acropolis – President
Gregory S. Kavanagh
Anthony Matthews
Kathy M. Russell
Ruthanne Scaturro
Michael A. Thulen, Sr.
Frederick J. Underwood, Sr.



Department of Engineering

Office of the Municipal Engineer
(732) 262-1038

Fax: (732) 262-8954

<http://www.twp.brick.nj.us>

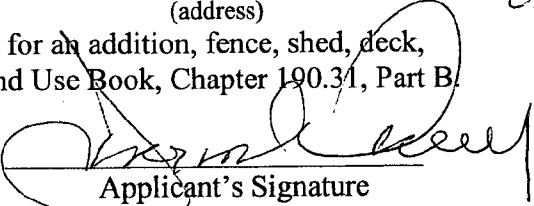
Date: 3/10/05

Block: 547.01 Lot: 15

Property Address: 367 Brick Blvd, Brick NJ 08723

I, Jacqueline Foley of 367 Brick Blvd Brick NJ 08723
(name) (address)

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


Applicant's Signature

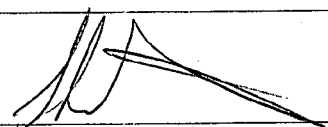
The following shall be submitted with this request:

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: 3/17/05

Signed: 

Rejected on: _____

Signed: _____

Comments:

**Township of Brick
Zoning Permit**

Approved: Tuesday, March 15, 2005 **Number:** 238

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

Property Address: 367 Brick Boulevard; Drum Point Plaza

Applicant: Jaqueline Foley; Shore Scuba Center, LLC

Property Owner Drum Point Plaza, LLC

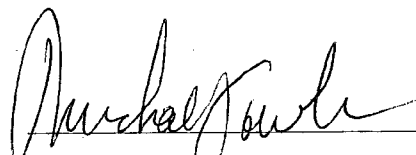
Existing Use: Print shop.

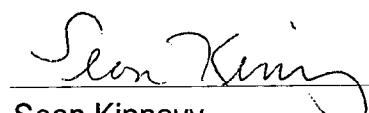
Proposed Use: Scuba shop.

Proposed Construction: Wall sign, 18" x 15', 22.5 square feet, "Shore Scuba".

Conditions: The total sign area may not exceed 15% of the total facade area.

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

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

MAR 12 2005

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

BLOCK 547.01 LOT 15 QUALIFIER _____

PROPERTY ADDRESS 367 Brick Blvd

PERSONAL NAME OF APPLICANT Jacqueline Foley

BUSINESS NAME OF APPLICANT Shore Scuba Center, LLC

MAILING ADDRESS OF APPLICANT 367 Brick Blvd, Brick NJ 08723

PROPERTY OWNER'S FULL NAME Drum Point Plaza, LLC

PRESENT USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) print shop

PROPOSED USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) retail Scuba Shop

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) sign 22.5 sq. ft.

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 Meghan Carey Date 3/7/05

Reviewed by Zoning Office JK Date 3/10/05 () Approved () Denied

March 2003-----

JK
3/10/05

ONE SET OF INTERNALLY ILLUMINATED CHANNEL LETTERS MOUNTED ON AN ALUMINUM RACEWAY.

15'

OPTION "C"

18" | **SHORE SCUBA** |

ZONING:

BUILDING IS 18' VERTICAL X 18' HORIZONTAL OR 324 SQ.FT.
15% OF 324 IS 48.6 SQ.FT. THE PROPOSED SIGN IS 22.5 SQ.FT.
WHICH IS WELL WITHIN THE ALLOWABLE SIZE.

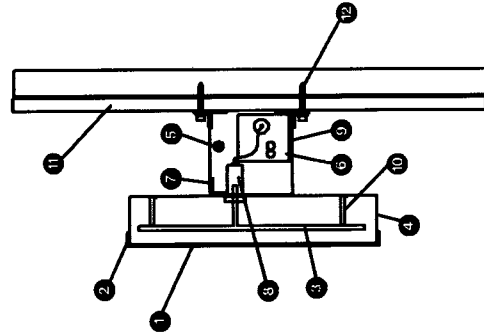
18'



18'

CONSTRUCTION

Side view of channel letters mounted on an O40 aluminum raceway with 1/8" angle iron frame.



- 1) 3/16" white plexiglas
- 2) 1" trim cap
- 3) 13 mil neon
- 4) O40 aluminum returns
- 5) Exterior mounted disconnect switch. In site of sign.
- 6) standard outdoor transformer 2161
- 7) 1/8" angle iron frame
- 8) standard glass housing
- 9) O40 aluminum raceway "bronze"
- 10) standard neon post
- 11) wood face backed with wood studs
- 12) 3/8" X 3" legs every 5' top and bottom in studs

Sign to be built to UL specifications and carry a UL listing label.

DESCRIPTION:
INTERNALLY ILLUMINATED
CHANNEL LETTERS
ON A RACEWAY

NAME:
SHORE SCUBA

SA:
SHORE-SCUBA

DATE
2-8-05

7765 ROUTE 9 TOMS RIVER, NJ 08755
732-349-8499
Fax 732-505-3673 1-800-834-8499
Three Generations
A LIMITED LIABILITY COMPANY

CURTAIN SIGN
© company

Brick Township

Plan Review	Class	Date	By
Zoning	Wall sign	3/10/12	NE
Plumbing			
Building	3-23-05		FW
Fire			
Electrical			