



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: Pasquales Pizza
2. Name of Owner in Fee: John DeGeorge Development Tel. (732) 477-6363
Address 395 Brick Blvd. Brick NJ 08723
street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Illuminating Concepts Tel. (732) 364-4044
Address 500 James St Unit 70 Lakewood NJ 08701
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. _____ FAX: (732) 364-6512
5. Architect or Engineer _____ Tel. () _____
Address _____
6. Responsible Person in Charge of Work John DiGilio
Tel. (732) 364-4044 FAX (732) 364-6512

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>35</u>		
2. Electrical	\$ <u>35</u>		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>70</u>		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area of 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 _____

(office use only)

II. PROPOSED WORK

1. ☒ Minor Work Sign
2. ☐ New Building
3. ☐ Addition
4. ☐ Alteration
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☒ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

TOTAL COSTS

Est. Cost

900

Plans

Rec'd by 2/15/02

Date

Rec'd 2/15/02

Rejection

Date

Approval

Date 4/5/02

Re-

viewer FM

Resubmission Dates

Approval

Rejection

Re-

viewer

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:

Before Construction _____

After Construction _____

Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:

Restaurant

2. Use Group:

3. Change in Use Group, Indicate Former:

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

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

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

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

- D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the 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 Illuminating Concepts

Address 500 James St Unit 10

Lakewood NJ 08701

Telephone (732) 364-4044

Signature _____

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.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

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

TOWNSHIP OF DUNEL
401 CHAMBERS CRUISE RD
DIVISION OF INSPECTIONS

NEW JERSEY
CONSTRUCTION
PERMITS

Date Issued 03/05/2002
Control #
Permit # 02-0992

IDENTIFICATION Block 307.01 Lot 15
Rat 6160 Location BRUN POINT RD
SIGH-PASQUALE'S PIZZA
Owner to Fee JOHN MESSANGE SEVERAL OPPORT
Address 375 SAUCE CVD
PERMIT NJ 08722-
Telephone 17321477-4343

Contractor ILLUMINATION CONCEPTS
Address 500 JESSIE ST
LAKESIDE, NJ 08701-
Telephone 17321361-4040
Lic. No. or Dir. No. Per. No.
Federal Exp. No.

I hereby granted permission to perform the following work:
(1) PLUMBING (1) LEAD HAZARD ABATEMENT
(1) ELECTRICAL (1) FIRE PROTECTION (1) DEMOLITION
(1) ELEVATOR DEVICES (1) ASBESTOS ABATEMENT (1) OTHER
(Detachable & only)
DESCRIPTION OF WORK:
REMOVE EXISTING CHIMNEY LETTERS, REINFORCE ON GABLEWAY, REATTACH TO BUILDING
SIGN FOR PASQUALE'S PIZZA

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 \$ 1,050

Construction Official:

03/05/2002

U.C.C. F170 1727. 3/93

Date

PAYMENTS (Office Use Only)
Building 35
Electrical 32
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other 0
SEA Training Fee 1
Cert. of Occupancy 1
Other 1
Total 21
Check No. 1020
Cash
Collected By: RHM

86-

4/03/02 1:41PM 0000000679
CROP SERV.002
80992
BUILDING
ELECTRIC
DCR
776
CHECK
\$35.00
\$35.00
\$1.00
\$15.00
\$42.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/15/2002
Date Issued 4/8/02
Control # C18-54
Permit # 02-0992

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 Qual

Work Site Location DRUM POINT RD

<SIGN-PASQUALES PIZZA

Owner in Fee JOHN DEGEORGE DEVELOPMENT

Address 395 BRICK BLVD

BRICK, NJ 08723-

Tele. (732) 477-6363

Contractor ILLUMINATING CONCEPTS

Address 500 JAMES ST

LAKEWOOD, NJ 08701-

Tele. (732) 364-4044 Fax ()

Lic. No. or Bldrs. Reg. No.

Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plans Req.

☒ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CCO ☐ CA

Date:

Approved By:

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

BarrierFree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

BarrierFree

Dates (Month/Day)

Failure Failure Approval Initial

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

Constr. Class Present Proposed

No. of Stories 0

Height of Structure 0 Ft.

Area Largest Floor 0 Sq. Ft.

New Bldg. Area/All Floors 0 Sq. Ft.

Volume of New Structure 0 Cu. Ft.

Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0

2. Alteration \$ 900

3. Total (1+2) \$ 900

Industrialized Building:

☐ State Approved

☐ HUD

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

REMOVE EXISTING CHANNEL LETTERS, REMOUNT ON RACEWAY, REATTACH TO BUILDING
(SIGN FOR PASQUALES PIZZA)

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence 0 Height (exceeds 6')

☒ Sign 34 Sq. Ft.

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

Other

☐ Demolition

FEE (Office Use Only)

\$ 0

0

0

0

0

0

34

0

0

0

0

0

0

Administrative Surcharge \$ 0

Minimum Fee \$ 1

TOTAL FEE \$ 35

DCA Training Fee \$ 1

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/15/2002
Date Issued 4/8/02
Control # C18-54
Permit # 02-0292

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 Qual
Work Site Location DRUM POINT RD
SIGN-PASQUALES PIZZA

Owner in Fee JOHN DEBORGE DEVELOPMENT

Address 393 BRICK BLVD

BRICK, NJ 08723-

Tele. (732)477-6361

Contractor ILLUMINATING CONCEPTS

Address 500 JAMES ST

LAKEWOOD, NJ 08701-

Tele. (732)364-4044 Fax ()

Lic. No. or Bldg. No.

Federal Exp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plans Req.

☒ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CCO ☐ CA

Date:

Approved By:

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

BarrierFree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Plumb

BarrierFree

Dates (Month/Day)

Failure Failure Approval Initial

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

REMOVE EXISTING CHANNEL LETTERS, REMOUNT ON RACEWAY, REATTACH TO BUILDING
SIGN FOR PASQUALES PIZZA

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence

☒ Sign

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

☐ Other

☐ Demolition

FEE (Office Use Only)

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

Constr. Class Present Proposed

No. of Stories 0

Height of Structure 0 Ft.

Area Largest Floor 0 Sq. Ft.

New Bldg. Area/All Floors 0 Sq. Ft.

Volume of New Structure 0 Cu. Ft.

Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0

2. Alteration \$ 900

3. Total (1+2) \$ 900

Industrialized Building:

☐ State Approved

☐ HBD

Administrative Surcharge

Minimum Fee \$ 1

TOTAL FEE \$ 35

BCA Training Fee \$ 1



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-232-1000

Block 3547.01 Lot 15

Work Site Location Pass Quales Pizzeria

395 Brick Blvd Brick NJ 08723

Owner in Fee/Occupant John De George Development

Address Brick Blvd Brick NJ 08723

Tele. (732) 477-6363

Contractor Besa and J Blomquist

Address 443 E Long Branch Ave

Ocean Gate NJ 08740

Tele. (732) 269-5281 Fax ()

Lic. No. 9627

Federal Emp. No. [REDACTED]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 150.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Required

Joint Plan Review Required: Type: Failure Failure Approval Initial

☐ Building ☐ Plumbing Rough

☐ Fire ☐ Elevator Temp. Serv.

☐ Elec. Plans Approved Const. Serv.

Date: 4/3/02 TCO

Approved by: JM Other

Service

Final

SUBCODE APPROVAL Temp. Cut-in-Card Date Issued

☐ CO ☐ CCO ☐ CA Final Cut-in-Card Date Issued

Date:

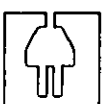
Approved by:

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 Electrical Contractor ☐ Exempt Applicant



Date Received 4-8-02
Date Issued 02-0992
Control #
Permit #

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 UV 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

468

Discontinued Sign

Administrative Surcharge \$

Minimum Fee \$

DCA Training Fee \$

TOTAL FEE \$

FEE (Office Use Only)

\$



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 3547.01 Lot 15

Work Site Location Pasqualetts Pkwy

395 Brick Blvd Brick NJ 08723

Owner in Fee/Owner John D George Development

Address Brick Blvd Brick NJ 08723

Tele. (732) 477-6363

Contractor Bernard J Blomquist

Address 443 F Long Beach Ave

Ocean Gate NJ 08740

Tele. (732) 269-5281 Fax ()

Lic. No. 9637

Federal Emp. No. [REDACTED]

B. ELECTRICAL CHARACTERISTICS

Use Group Present [REDACTED] Proposed [REDACTED]

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

Building Occupied as [REDACTED] Utility Co. [REDACTED]

Est. Cost of Elec. Work \$ 150.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

Joint Plan Review Required:

[] Building [] Plumbing

[] Fire [] Elevator

[] Elec. Plans Approved

Date: 4/3/02

Approved by: JM

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: [REDACTED]

Approved by: [REDACTED]

Date Initial

INSPECTIONS

Type:

Rough

Temp. Serv.

Constr. Serv.

TCO

Other

Service

Final

Dates (Month/Day)

Failure Failure Approval Initial

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Date Received 4-8-02
Date Issued 02-0992
Control #
Permit #

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors--Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

FEE (Office Use Only)

Administrative Surcharge \$

Minimum Fee \$

DCA Training Fee \$

TOTAL FEE \$

[N] Licensed Electrical Contractor [] Exempt Applicant

U.C.C. F120
(rev. 3/95)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

TOWNSHIP OF BRICK ZONING PERMIT

Approved: March 28, 2002

No. 2.0382

Block: 547.01 Lot: 15

Zone: B-2, Neighborhood Business

Property Address: 395 Brick Boulevard; Drum Point Plaza

Applicant: John J. Digilio; Illuminating Concepts

Property Owner: John DeGeorge Development

Existing Use: Restaurant, "Pasquale's Pizza".

Proposed Use: Same.

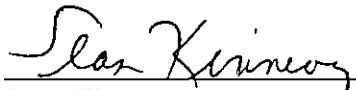
Proposed Construction: Remove existing channel-letter sign, mount on raceway and re-attach to building, 24" x 204", "Pasquale's Pizza".

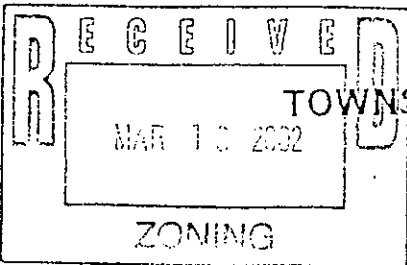
Conditions: The total sign area may not exceed 15% of the total façade area.

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
Municipal Planner

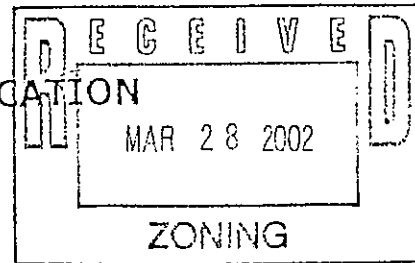

Sean Kinnevy
Zoning Officer



TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

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



Block 547.01 Lot 15 Qualifier _____

PROPERTY ADDRESS 395 Brick Blvd.

PERSONAL NAME OF APPLICANT John J. Digilio

BUSINESS NAME OF APPLICANT Illuminating Concepts

PROPERTY OWNER John De George Development

PRESENT USE OF PROPERTY (check all that apply)

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

PROPOSED USE OF PROPERTY (check all that apply)

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

PROPOSED CONSTRUCTION (check all that apply)

- ☐ New Building (please describe) _____
☐ Addition
☐ Alteration
☐ Porch or deck (state heights) _____
☐ Shed (state height) _____
☐ Fence (state type & height) _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☒ Other (please describe) Remove existing channel letters Remount on
Truway reattach to building as per town ship.

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.

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 [Signature] Date 3-14-02

Reviewed by Zoning Office KE Date 3/19/02 Approved ☒ Denied ☐

KE 3/20/02 OK

COMMERCIAL

Removed existing Channel letters from
wall mounted them on 8" x 8" Raceways
& reinstalled (see attached sheet)

24"
PASQUALE'S PIZZA
204"

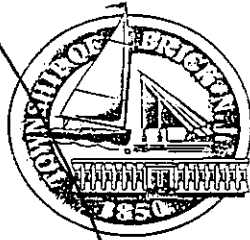
Removed existing Channel letters from
wall mounted them on 8" X 8" Raceway
& reinstalled (see attached sheet)

24" 204" IPASQUALE'S PIZZA

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723



Joseph C. Scarpelli, Mayor

Township Council:

Steven N. Cucci — President
Stephen C. Acropolis
Kimberley S. Casten
Gregory S. Kavanagh
Kathy M. Russell
Tony R. Shupin
Frederick J. Underwood, Sr.

Department of Administration & Finance
Office of Land Use Management

Sean Kinnevy
Zoning Officer

(732) 262-1041

skinn@twp.brick.nj.us

Kate MacDonald
Asst. Zoning Officer

(732) 262-1043

Fax: (732) 262-8954

kmacdon@twp.brick.nj.us

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

John J. Digilio

Illuminating Concepts

100 James St.

Lakewood, NJ 08701

Date: 3-22-2

Block: 549, 01

Lot: 15

395 Brick Blvd

X Your application for a zoning permit is incomplete. In order to review your application we need the following:

— Two (2) accurate plot plans, drawn either by a surveyor or an engineer, as per Section 190-31 of the Township Code. The plot plan must show all existing and proposed structures, all setbacks from property lines, all dimensions of the lot and structures, and all streets and waterways. No reduced, enlarged, taped or facsimile copies can be accepted.

X A zoning permit application form completely filled out by the applicant. No facsimile copies can be accepted.

— Your application for a zoning permit is denied for the following reasons:

DATE 3/28/02 RESUBMIT

cc: Mayor Joseph Scarpelli
Scott MacFadden, Business Administrator
Michael Fowler, Municipal Planner
Kate MacDonald, Assistant Zoning Officer
Daniel Newman, Jr., Construction Official

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

Joseph C. Scarpelli, Mayor

Township Council:

Helen Fayad - President
Martin J. Anton
Victor Cantillo
Gregory S. Kavanagh
Mary Lou Powner
Kathy M. Russell
Frederick J. Underwood, Sr.



Department of Engineering

Office of the Municipal Engineer

(732) 262-1038

Fax: (732) 262-8954

<http://www.goshost.com/brick>

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

Date: 2-12-02

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

RE:

Block: 547.01

Lot: 15

Property Address: 395 Brick Blvd.

I, Illuminating Concepts of 500 James St. Unit 10 Lakewood
(name) (address) NJ 08701

Request to be exempted from the plot plan requirement for an addition as outlined in the
Brick Land Use Book, Chapter 190.31, part B.

John J. DiStasio
Applicant's Signature

The following shall be submitted with this request:

1. Submit survey locating existing dwelling and proposed addition. Dimensions of 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.

OFFICE USE

Approved: _____

Signed: _____

Rejected: _____

Signed: _____

Comments: _____

COMMERCIAL

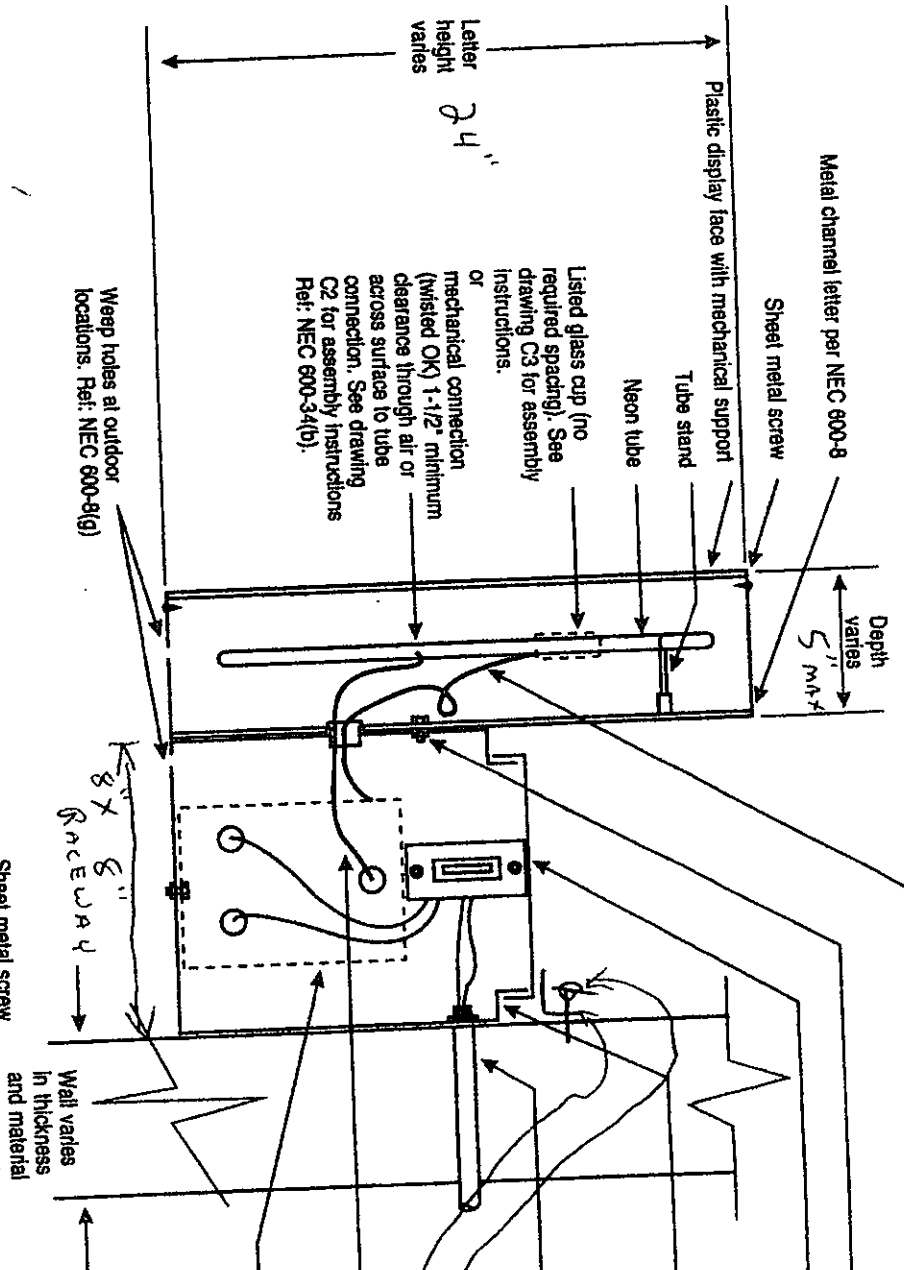
Listed GTO cable

Fasteners as required by the local jurisdiction.
Listed disconnect switch in primary to be within sight of sign (weatherproof if outdoors) sign includes transformer enclosure).
Ref: NEC 600-2 & NEC 600-4.

Transformers in continuous enclosure ("continuous raceway") with sheet metal cover per NEC 600-8. At outdoor locations all raceway fittings and boxes must be weatherproof and include weepholes.
Ref: NEC 600-9(g).
Primary electrical source (1/2" minimum conduit, or cable). Ref: NEC 600-6 & 600-21.

3/8" Thread Rod
ANGLES
36" O.C. Continuous
Spacing 1" minimum for 10,000 volt or less.
1-1/2" for voltage above 10,000 volts minimum.
Ref: NEC 600-31(d).

Listed transformer



Bonding Ref: NEC 250-43(g) and 600-5

ILLUMINATED EXTERIOR OR INTERIOR METAL CHANNEL LETTERS ATTACHED TO CONTINUOUS ENCLOSURE ("RACEWAY")

INSTALLATION OF NONLISTED SIGNS.
(AS PER NEC SECTION 600-4)

SCALE	DATE: April 1994
NONE	IAE DWG NO. NEC-172

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Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: Pasquale's Pizza
Block: 547.01 Lot: 15
Owner's Name: John DeGeorge Development
Owner's Mailing Address: 249 Brick Blvd.
Brick NJ 08724
Phone: (732) 477-6363

BUILDING

Contractor: Illuminating Concepts
Address: 500 James St Unit 10
Lakewood NJ 08701
Phone#: 732-364-4044
Lis # [REDACTED]
Federal Emp # or SSN [REDACTED]

Technical Data

Description of Work:

Remove Existing Channel letters
Remount on Raceway
Reattach to building as per
township

Type of Work

☐ New Building ☐ Siding
☐ Addition ☐ Fence
☐ Alteration ☐ Pool
☐ Roofing ☐ Demolition
☐ Asbestos Abatement ☒ Sign 34 sq ft

Building Characteristics

Use Group Present: _____ Proposed: _____
No of Stories: _____
Height of Structure: _____
Area of the largest floor: _____
Area of New Building: _____
Volume of Structure: _____
Total Land Disturbed: _____
Cost of Alteration: _____
Cost of New Building: _____
Total Cost of Building Work: \$900.00

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: [Signature]
Please Print Name John J Digilio

ELECTRICAL

Contractor: Bernard J Blomquist
Address: 443 E Long Branch Ave
Ocean Gate NJ 08740
Phone#: 732-269-5281
Lis #: 9637
Federal Emp # or SSN [REDACTED]

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	

Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit - Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light <u>7 1/2 amps</u>	<u>468</u> KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: \$150.00

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: [Signature]
Please Print Name Bernard J Blomquist

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

FIRE

Contractor: _____
Address: _____
Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Contractor: _____
Address: _____
Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures	Quantity
Water Closets	_____
Urinals/Bidets	_____
Bath Tub	_____
Lavatory	_____
Shower	_____
Floor Drain	_____
Sink	_____
Dishwasher	_____
Drinking Fountain	_____
Washing Machine	_____
Hose Bib	_____
Gas Piping	_____
Fuel Oil Piping	_____
Water Heater	_____
Steam Boiler	_____
Hot Water Boiler	_____
Sewer Pump	_____
Interceptor/Separator	_____
Backflow Preventer	_____
Greasetrap	_____
Water Cooled A/C or Refrig. Unit	_____
Septic Tank Closure	_____
Sewer Service Connection	_____
Water Service Connection	_____
Active Solar System	_____
Auxiliary Meter	_____
Sprinkler Heads	_____
Sump Pump	_____
Other:	_____

Estimated Cost of Plumbing Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL



Technical Data

Description of Work: _____
Heating Type: _____ Gas _____ Oil _____ Electric _____ Solar
Heating System is _____ New _____ Existing
Location of Furnace/Boiler: _____

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Flammable Storage Tanks _____ capacity _____ fuel
Combustible Storage Tanks _____ capacity _____ fuel
LPG Storage Tanks _____ capacity _____ fuel

Item	Quantity
Wet Sprinkler Heads	_____
Dry Sprinkler Heads	_____
Total	_____
Smoke Detectors	_____
Heat Detectors	_____
Total	_____

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:
CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances _____

Furnace _____
Gas/Wood Fireplace _____
Gas Logs _____
Wood Burning Stove _____
Other: _____

Estimated Cost of Fire Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Print Name: _____