BLOCK 547.01 LOT 15 QUALIFICATION CODE C21.54 ADDRESS (SITE) 375 BRICK BLVD PERMIT NO. 02-1157

called 4-8-02

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 375 BRICK BLVD DRum Point plaza
2. Name of Owner in Fee: JOHN DEGEORGE Tel. (732) 477-6363
   Address SAME (street) BRICK (municipality) N.J. 08723 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: GIANTAIN SIGN CO. Tel. (732) 349-8499
   Address 1769 RT 9 TOMS RIVER N.J. 08755
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 223305786 FAX: (732) 505-36[illegible]
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. (732) 349-8499 FAX (732) 505-9673

COMMERCIAL

SIGN

Sign

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 57		
2.	Electrical	35		
3.	Plumbing			
4.	*Fire Protection*			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	4		
10.	Subtotal	15		
11.	Cert. of Occupancy	100		
12.	Other			
13.	TOTAL	$ 115		

115

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	

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ ~~Addition~~	8,000				4-5-02	FM	3/7/03		
4.	☐ Alteration									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ ~~Electrical~~	250				4-30-02	MM			
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8		Emy	4/3/02		4/3/02	MM	4/4/02		
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	8,250.00								

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:
2. Use Group: B
3. Change in Use Group, Indicate Former:

LDS BR 10101366

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 Bintan Sign Company

Address 1765 RT 9
Toms River, NJ 08755

Telephone (732) 349-8499

Signature Andy Bintan

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)

		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.				

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 04/17/2002
Control #
Permit # 02-1157

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 547.01 Lot 15 Qual

Work Site Location 375 BRICK BLVD-DRUM PT PLAZA
SIGN
Owner in Fee DEGEORGE, JOHN
Address SAME
BRICK, NJ 08723-
Telephone (732)477-6363

Contractor GIRTAIN SIGN CO.
Address 1765 RT 9
TOMS RIVER, NJ 08753-
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3305786

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
ONE SET OF CHANNEL LETTER MOUNTED ON RACEWAY, INSTALLED ON BUILDING AT DRUM POINT PLAZA-BENCHMARK PHYSICAL THERAPY

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 $ 10,500

D. Gilman 04/17/2002
Construction Official Date

U.C.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	57
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	8
Cert. of Occupancy	0
Other 2P	15
Total	100 115
Check No.	8374
Cash	
Collected By	NJR

04/17/02 11:11AM 0000000953
**02 SERV.002

#1157	
BUILDING	$57.00
ELECTRIC	$35.00
DCA	$8.00
ZPA	$15.00
CHECK	$115.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/20/2002
Date Issued 4/17/02
Control # C21-54
Permit # 02-1157

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 375 BRICK BLVD-DRUM PT PLAZA
SIGN
Owner in Fee DEGEORGE, JOHN
Address SAME
BRICK, NJ 08723-
Tele.(732)477-6363
Contractor GIRTAIN SIGN CO.
Address 1765 RT 9
TOMS RIVER, NJ 08753-
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3305786

COMMERCIAL

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

ONE SET OF CHANNEL LETTER MOUNTED ON RACEWAY, INSTALLED ON BUILDING AT DRUM POINT PLAZA-BENCHMARK PHYSICAL THERAPY

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	4-5-02	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 3-7-03
Approved By: FM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree			3-10-03	FM

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
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 $ 8,000
3. Total (1+2)$ 8,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[X] Sign 57 Sq. Ft.	57
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 57
DCA Training Fee	$ 6

Paid [ ] Check #
Collected by:

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 03/20/2002
Date Issued 4/17/02
Control # C21-54
Permit # 02-1157

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 375 BRICK BLVD-DRUM PT PLAZA
SIGN
Owner in Fee DEGEORGE, JOHN
Address SAME
BRICK, NJ 08723-
Tele.(732)477-6363
Contractor GIRTAIN SIGN CO.
Address 1765 RT 9
TOMS RIVER, NJ 08753-
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3305786

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

ONE SET OF CHANNEL LETTER MOUNTED ON RACEWAY, INSTALLED ON BUILDING AT DRUM POINT PLAZA-BENCHMARK PHYSICAL THERAPY

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	4-5-02	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[X] Sign 57 Sq. Ft.	57
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
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 $ 8,000
3. Total (1+2)$ 8,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 57
DCA Training Fee	$ 6

Paid [ ] Check #
Collected by:

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

4-17-02
02-1157

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

Block 547.01 Lot 15
Work Site Location 375 BRICK BLVD
BRICK, N.J. 08753
Owner in Fee/Occupant DONA DE GEORGE
Address 375 BRICK BLVD
BRICK, N.J. 08753 477-6363
Tele. ( )
Contractor George Corrente Electrical
Address 817 Bayshore Ave
Toms River NJ
Tele. ( ) 286-3883 Fax ( ) None
Lic. No. 16551
Federal Emp. No. [redacted]

COMMERCIAL

B. ELECTRICAL CHARACTERISTICS

Use Group Present B Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 2500

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 4/30/02
Approved by: TM

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		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	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

OVER

4-12-04 STORE LOCATION - DRUM POINT PLAZA

03/17/03 STORE LOCATION

TOWNSHIP OF BRICK
ZONING PERMIT

Approved: March 25, 2002 **No.** 2.0346

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

Property Address: 375 Brick Boulevard; Drum Point Plaza

Applicant: Andy Girtin; Girtain Sign Company

Property Owner: John DeGeorge

Existing Use: Physical therapy office.

Proposed Use: Same.

Proposed Construction: Channel-letter wall sign, 24" x 33', "Benchmark Physical Therapy".

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

RECEIVED
MAR 21 2002
ZONING

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 375 BRICK BLVD. BRICK, N.J.

PERSONAL NAME OF APPLICANT ANDY GINTAIN

BUSINESS NAME OF APPLICANT GINTAIN SIGN COMPANY

PROPERTY OWNER John DEGEORGE

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☑ Commercial (please describe) MEDICAL FACILITY

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☑ Commercial (please describe) BENCH MARK PHYSICAL THERAPY

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) INSTALL CHANNEL LETTERS ON BLDG

COMMERCIAL

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 Andy Gintain Date 3-20-02

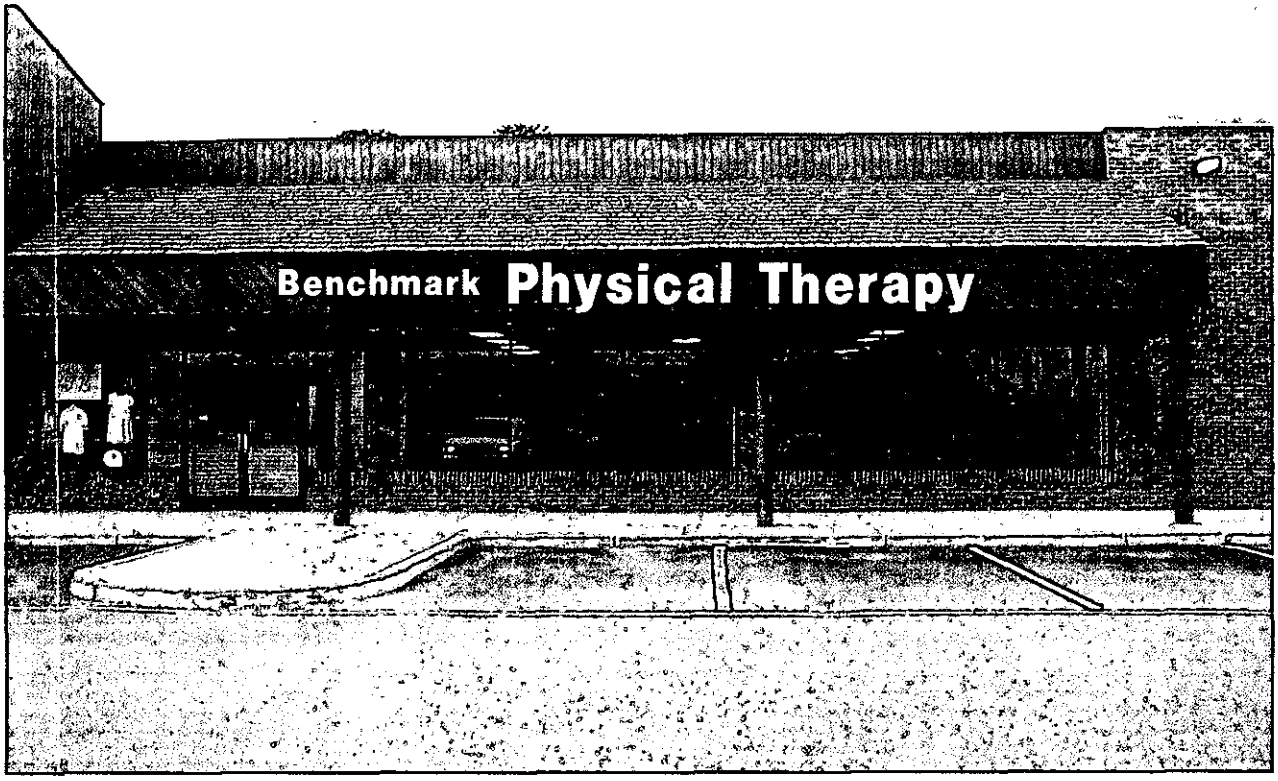
Reviewed by Zoning Office JK Date 3/26/2 (☑ Approved ( ) Denied

ONE SET OF WHITE CHANNEL LETTERS MOUNTED ON AN 040 ALUMINUM RACEWAY. WHITE FACE, GOLD TRIM, BRONZE CAN AND BRONZE RACEWAY

33'

115" | 265.5"

16" Benchmark Physical Therapy 24"



SIGNATURE **DATE**

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

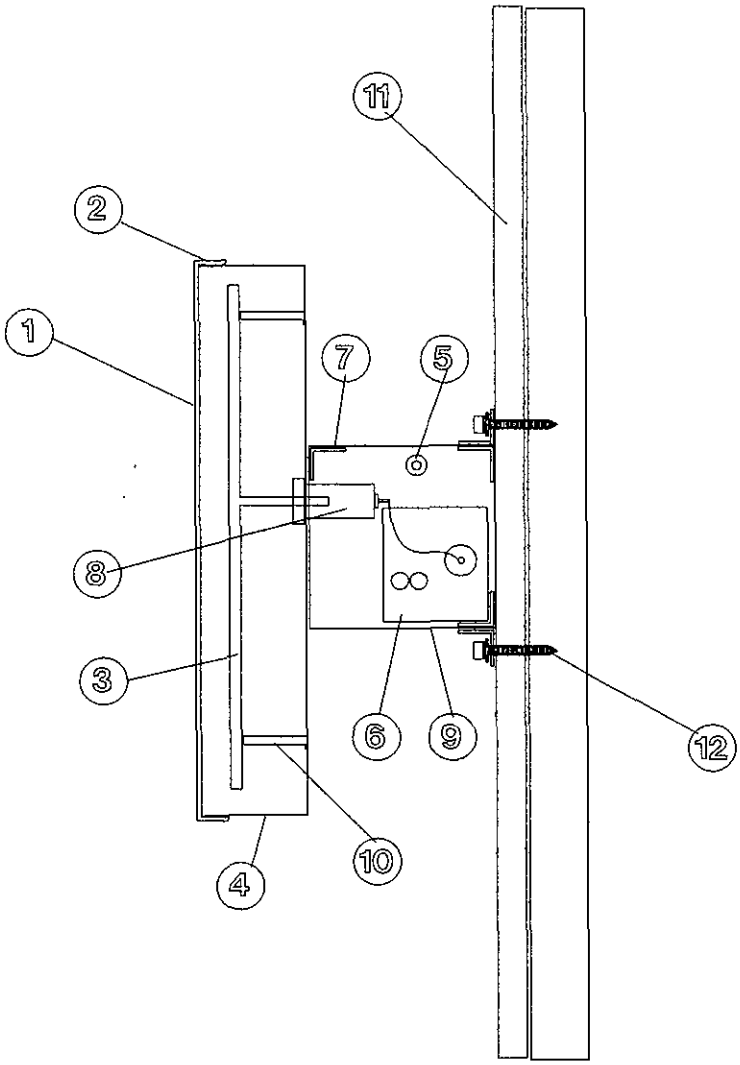
NAME: BENCHMARK PHYSICAL THERAPY

DATE: 2/22/02

SA: BENCHMAR

DESCRIPTION: ONE SET OF INTERNALLY ILLUMINATED CHANNEL LETTERS

Side view of channel letters mounted on an 040 aluminum raceway with 1/8" angle iron frame.



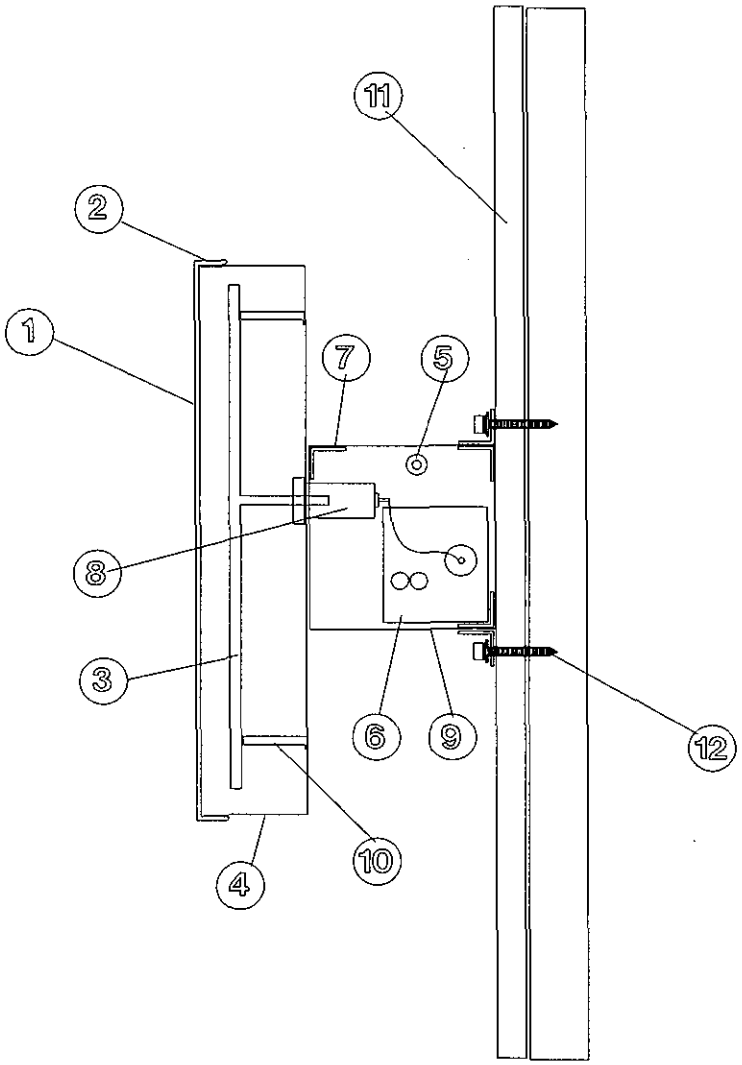
1) 3/16" white plexiglas
2) 1" gold trim cap
3) 13 mil neon
4) 040 bronze aluminum returns
5) Exterior mounted disconnect switch. In site of sign.
6) standard outdoor transformer 2161
7) 1/8" angle iron frame
8) standard glass housing
9) 040 aluminum raceway "bronze"
10) standard neon post
11) wood face backed with wood studs
12) 3/8" X 3" lags every 5' top and bottom in studs

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

GIRTAIN SIGN
Company
732-349-8499

RE: BENCHMARK
PHYSICAL THERAPY
DRUM POINT PLAZA
3/18/02

Side view of channel letters mounted on an 040 aluminum raceway with 1/8" angle iron frame.



1) 3/16" white plexiglas
2) 1" gold trim cap
3) 13 mil neon
4) 040 bronze 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) 040 aluminum raceway "bronze"
10) standard neon post
11) wood face backed with wood studs
12) 3/8" X 3" lags every 5' top and bottom in studs

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

GIRTAIN SIGN
Company
732-349-8499

RE: BENCHMARK
PHYSICAL THERAPY
DRUM POINT PLAZA
3/18/02

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Department of Engineering

Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.twp.brick.nj.us

Date: 3-20-02

Block: 547.01 Lot: 15

Property Address: 375 BRICK BLVD. BRICK, NJ. 08723

I, ANDY GIATHIN (name) of GIATHIN Sign Company (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in Chapter 190.31 if the Codified Ordinance of the Township of Brick.

Andy Giathin
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.

COMMERCIAL

FOR OFFICE USE ONLY

Approved on: 4/3/02 Signed: N/A

Rejected on: _____ Signed: _____

Comments:

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 375 BRICK BLVD
Block: 547.01 Lot: 15
Owner's Name: John DEGEORGE
Owner's Mailing Address: 375 BRICK BLVD.
BRICK, N.J. 08723
Phone: (732) 477-6363

BUILDING

Contractor: GinTair Sign Company
Address: 1765 RT 9
Toms River N.J. 08753
Phone#: 732-349-9499
Lis #
Federal Emp # or SSN 223305786

Technical Data

Description of Work:

ONE SET OF CHANNEL LETTERS, MOUNTED ON RACEWAY INSTALLED ON BUILDING

Type of Work

___New Building
___Addition
___Alteration
___Roofing
___Asbestos Abatement
___Siding
___Fence
___Pool
___Demolition
✓ Sign 57 sq ft

Building Characteristics

Use Group Present: B Proposed: B
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed:

Cost of Alteration: 8,000

Cost of New Building:

Total Cost of Building 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: Andy Gintair
Please Print Name Andy GinTair

ELECTRICAL

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

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	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical 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

Counter Form
PLEASE PRINT

PLUMBING

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

FIRE

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

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:_____