

RECEIVED

LOT

ADDRESS (SITE)

PERMIT NO.

FEB 6 1996



CONSTRUCTION PERMIT APPLICATION

DIV. OF INSPECTION

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

I. IDENTIFICATION

1. Proposed Work-site at: Weight loss Center 343 Brick Blvd.
2. Name of Owner in Fee: Quick Weight Loss Tel. (215) 647-4941
Address 740 Penllryn Pike, Suite 100 Blue Bell, PA 19422
3. Ownership in Fee: Public ☐ Private ☒ Was changed to (609) 662-0014
Principal Contractor: Signs Plus Tel. (609) 662-0014
Address 912 Longwood Ave, Cherry Hill, NJ 08002
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Emp. No. 22-3198514 Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
Address _____
6. Responsible Person in Charge of Work Gary Keyser Tel. (609) 662-0014

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>35</u>		
2. Electrical			
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	\$ <u>1500</u>		
12. Other <u>2PA</u>			
13. TOTAL	\$ <u>52</u>		

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

1. ☐ Minor work (single trade)
2. ☒ Small Job (\$5,000 and no prior approvals)
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Fire Protection
7. ☐ Plumbing
8. ☐ Electrical
9. ☐ Elevator Devices
10. ☐ Asbestos Abatement
11. ☐ Demolition
- TOTAL COSTS

Est. Cost

2,500.00

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>JSe</u>	<u>2/6/96</u>		<u>2-26</u>	<u>EM</u>			
<u>Am</u>	<u>2/7/96</u>			<u>Am</u>			

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:
3. Change in Use Group. Indicate Former:

LDS BR 10511361

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 New Jersey 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 Signs Plus

Address 912 Longwood Ave.

Cherry Hill, NJ 08002

Telephone (609) 662-0014

Signature Dolores Bunkach Date 1/24/96

OFFICE DATE RECEIVED: _____

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

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

Name of Code & Edition	Name of Code & Edition	Other
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. _____	_____	_____	_____



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

8/18/97

2471-97

IDENTIFICATION Block

Lot

Work Site Location

Contractor

Address

Owner In Fee

Address

Tele. ()

Lic. No. or Bldrs. Reg. No.

Exp. Date

Federal Emp. No.

BLOCK

or Social Security No.

2471-97

Tele. ()

0.00

0.00

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER☐ ELECTRICAL ☐ FIRE PROTECTION☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

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

Estimated Cost of Work \$

U.C.C. Form F-170C

CONSTRUCTION OFFICIAL

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT

PAYMENTS (Office Use Only) 15

Building 30- BUILDING 15.00

Plumbing D.C.A. 2.00

Electrical ZONE LOT 15.00

Fire Protection TOTAL 32.00

Other CHECK 32.00

Other CHANGE 0.00

DCA Training Fee 2

Cert. of Occ.

Other 2471-97 \$ 0007H005 10.49

Total 52-

Check No. #2792

Cash

Collected By: J

REQUIRED INSPECTIONS

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

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

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

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

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



Date Received 8/18/97
Date Issued
Control #
Permit # 847197

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

Block 542.01 Lot 15
Work Site Location Weight Loss Center
343 Brick Blvd, Brick NJ
Owner in Fee Buick Weight Loss
Address 740 Penhryn Pike, Suite 106
Blue Bell PA 19422
Tele. (215) 647-4941
Contractor SIGN S PLUS
Address 9120 Longwood Ave.
Cherry Hill, NJ 08002
Tele. (609) 662-0014
Lic. No. or Bldgs. Reg. No.
Federal Emp. No. 22-3798514 or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

1 22" x 16" Letter Sign

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
☐ No Plans Req.			Type:				
☐ All			Footings				
☐ Footing			Foundation				
☐ Foundation			Slab				
☐ Frame			Frame				
☐ Other			Insulation				
Joint Plan Review Required:			Finishes:				
☐ Elec. ☐ Plumb. ☐ Fire			Energy				
SUBCODE APPROVAL			Mechanical				
☐ CO ☐ CCO ☐ CA			TCO				
Date:			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

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

(Office Use Only)
FEE

TYPE OF WORK:		
☐ New Building		
☐ Addition		
☐ Alteration		
☐ Roofing		
☐ Siding		
☐ Fence		Height (6' or over)
☒ Sign	28	Sq. Ft.
☐ Pool		
☐ Asbestos Abatement		
☐ Other		
☐ Other		
☐ Demolition		
Paid ☐ Check #		Administrative Surcharge \$
Collected by:		Minimum Fee \$
		DCA TRAINING FEE \$
		TOTAL FEE \$

ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received _____
Date Issued _____
Control # _____
Permit # _____

FEE (Office Use Only)

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 387 Buck Blvd Buck, NJ
Mile Strip Thru Post Plaza
Owner In Fee G.K. Deli LLC
Address 387 Buck Blvd
Buck, NJ 08723
Tele. (732) 262-9041
Contractor Excelsior Electric Contract
Address 102 Park Avenue Blvd
Buck, NJ 08723
Tele. (732) 255-1470
Lic. No. #9642
Federal Emp. No. _____ or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 425.00

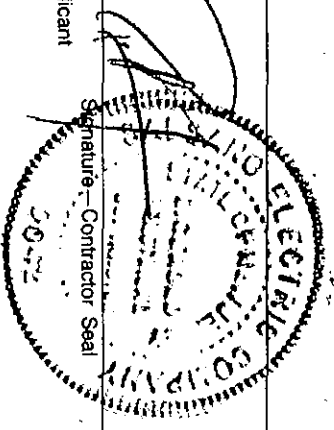
JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required	Type:	Failure Failure Approval Initial
Joint Plan Review Required:	Rough	
☐ Bldg. ☐ Plumb.	Temporary	
☐ Fire ☐ Elevator	Constr. Serv.	
☐ Elec. Plans Approved	TCO	
Date: _____	Other	
Approved by: _____	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.

☒ Licensed Electrical Contractor ☐ Exempt Applicant



D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
3		Fixtures (1)
3		Receptacles (2)
		Switches (3)
		Total 1 + 2 + 3
		Kw Range
		Kw Oven(s)
		Kw Surface Unit
		hp Dishwasher
		hp Garbage Disposal
		Kw Dryer
		Kw A/C Unit
		Burglar Alarms
		Intercoms Panels
		Smoke Detectors
		hp Whirlpool/spa
		Pool Bonding
		hp Pool Filter Motor
		Pool Lights
		Kw Water Heater(s)
		Kw Central heat:
		oil, gas or elec.
		Kw Baseboard Heat Units
		Thermostats
		hp Heat Pump
		hp Pump(s)
		Amp Motor Control Center/Sub Panels
		Signs
		Light Standards
		hp Motors—Fractional H.P. <u>1/2 3/4 1/2</u>
		hp Motors—All Others
		Kw Transformers
		Kw Generators
		Amp Service Entrance
		Other

Paid ☐ Check # <u>2337</u>	Administrative Surcharge	\$ _____
	Minimum Fee	\$ _____
	DCA Training Fee	\$ _____
Collected by: <u>RF</u>	TOTAL FEE	\$ <u>35.</u>

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: January 6, 1996 1996 Z 0062
Block 842 Lot 28 Zone B-2, G.B.
Property Address: 343 Brick Boulevard
Owner: Quick Weight Loss (Phone): (215) 647-4941
Applicant: Weight Loss Centre (Phone):
Use: Office in Drum Point Plaza
Proposed Construction (if any): Wall sign 16' by 22", "Weight Loss Centre".

Conditions:

Please note that Building Permits, as well as Zoning Permits, must be obtained prior to any construction.

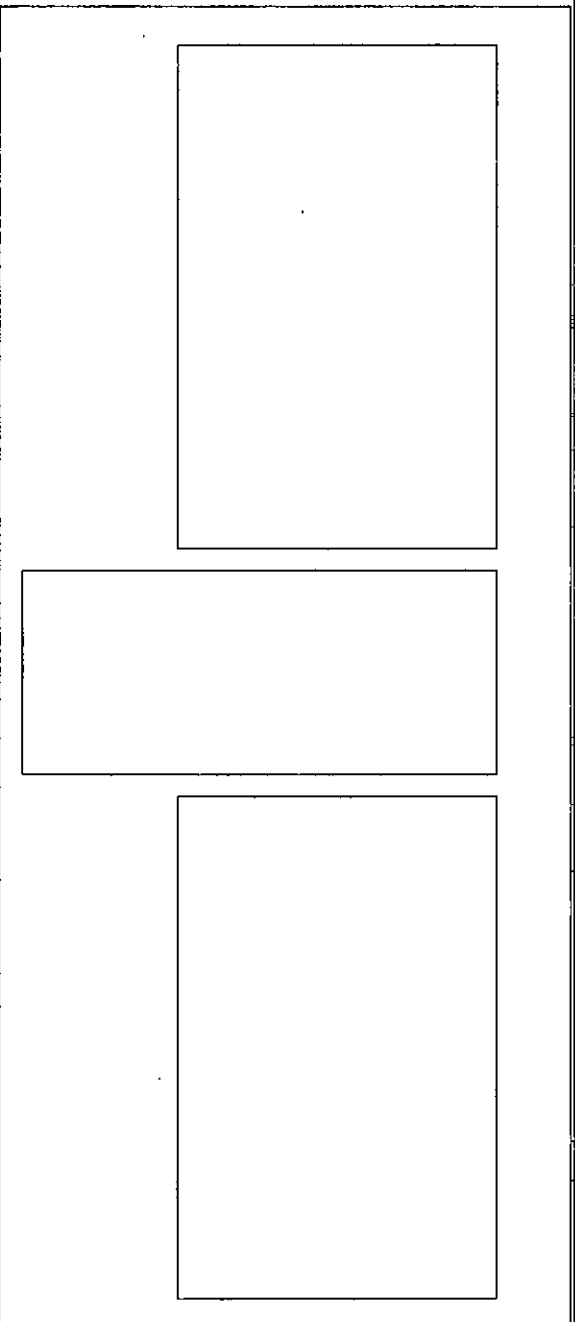
This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Sean Kinnevy
Sean Kinnevy Land Use Officer

19'
16'

Weight Loss Centre

22"



Individual channel Letters
White Acrylic Faces
Bronze colored alum.
letter returns and trimcap



Weight Loss Centre

343 Brick Blvd.

Scale 3/8"=1'

912 Longwood Ave. Cherry Hill, N.J. 08002

(609) 661-1116

fax: (609) 662-0440

(609) 423-1111