C28-10

BLOCK 547.01 LOT 15 QUALIFICATION CODE _____ ADDRESS (SITE) 375 BRICK BLVD PERMIT NO. 00-3216

RECEIVED
JUN 2 2000
DIV. OF INSPECTION

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 J. DE GEORGE Tel. (732) 477-6363
   Address HOOPER AVE (street) BRICK (municipality) N.J. 08723 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: GIRTAIN SIGN CO Tel. (732) 349-8499
   Address 1765 LAKEWOOD ROAD, TOMS RIVER, NJ 08755
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22/3305786 FAX: (732) 505-3623
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work ANDREW GIRTAIN
   Tel. (732) 349-8499 FAX (732) 505-3623

SIGN

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 53		
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	6		
10. Subtotal			
11. Cert. of Occupancy			
12. Other	30		
13. TOTAL	$ 123		

COMMERCIAL

APPROVED BY KT DATE 6-30-00 NO FEE REQUIRED

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		[illegible]			6-4-00	FG	11/22	100	01
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☑ Electrical					8900	W			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		Gwen	8/1/00		8/1/00				
TOTAL COSTS	300								

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) SABC
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) SABC

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 10402711

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 Edgell Date 7-28-00

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.

(X Check if contractor.

Agent Name GIRTAIN SIGN COMPANY

Address 1765 LAKEWOOD ROAD
TOMS RIVER, NJ. 08755

Telephone (732) 349-8499

Signature Steve Edgell

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.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/09/2000
Control #
Permit # 00-3216

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 547.01 Lot 15 Qual

Work Site Location 375 BRICK BLVD DRUM PT PLAZA
SIGN FOR STORE # 383
Owner in Fee DEGEORGE, JOHN J
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 (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:
FRONT SIGN FOR STORE #383 IN DRUM POINT PLAZA

PAYMENTS (Office Use Only)

Building	53
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	5
Cert. of Occupancy	0
Other ZBD	30
Total	93
Check No.	5412
Cash	
Collected By	TL

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 $ 6,600

Construction Official

08/09/2000
Date

U.C.C. P170 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/28/2000
Date Issued 8/9/00
Control # C28-70
Permit # 00-3216

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 ~~34~~ BRICK BLVD DRUM PT PLAZA 375
SIGN FOR STORE # 383
Owner in Fee DEGEORGE, JOHN J
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

FRONT SIGN FOR STORE #383 IN DRUM POINT PLAZA

MUST Have UL Label.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	6-4-00	EM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 11-22-00
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			11-27-00	
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
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 $ 6,300
3. Total (1+2)$ 6,300

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 53 Sq. Ft.	53
[ ] 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	$ 53
DCA Training Fee	$ 5

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 07/28/2000
Date Issued 8/1/00
Control # C28-70
Permit # 3216

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 ~~34~~ BRICK BLVD DRUM PT PLAZA 375
SIGN FOR STORE # 383
Owner in Fee DEGEORGE, JOHN J
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 am authorized to make this application.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

FRONT SIGN FOR STORE #383 IN DRUM POINT PLAZA

MUST Have UL Label

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	6-14-00	EM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] 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				

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
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 $ 6,300
3. Total (1+2) $ 6,300

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 53 Sq. Ft.	53
[ ] 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	$ 53
DCA Training Fee	$ 5

Paid [ ] Check #
Collected by:

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 8/9/02
Date Issued
Control #
Permit # 20-3216

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. DRUM POINT PLAZA STORE # 393, BRICK, N.J.
Owner in Fee/Occupant JOHN J. DEGEORGE
Address HOOPER AVE BRICK, N.J. 08723
Tele. (732) 477-6363
Contractor K.J. McKeon, Inc.
Address 600 Union Ave, P.O. Box 125 Brielle, N.J. 08730
Tele. (732) 223-8167 Fax (732) 223-4639
Lic. No. 8513
Federal Emp. No. 22-3127241

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 8/9/02
Approved by: [signature]

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$ _____
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
✓	10	KW Elec. Sign/Outline Light	
		.....	
		.....	

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

U.C.C. F120 (rev. 3/96)

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

TOWNSHIP OF BRICK
ZONING PERMIT

Permit Approved: July 31, 2000 **No.2000-1318**

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

Property Address: 375 Brick Boulevard, Drum Point Plaza

Owner: John DeGeorge

Applicant:: Steve Edgerly **Phone**: 349-8499

Existing Use:
Retail store

Proposed Use: same

Proposed Construction: 26'6" x 2' wall sign, "Nature's Nutrition"

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

JUL 28 2000

ZONING

TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

BLOCK 547.01 LOT 15

PROPERTY ADDRESS (number and street) 375 BRICK BOULEVARD BRICK NJ.

NAME OF PROPERTY OWNER JOHN J. DE GEORGE 08723

PERSONAL NAME OF APPLICANT STEVE EDGERLY

BUSINESS NAME OF APPLICANT GIRTAIN SIGN COMPANY

MAILING ADDRESS OF APPLICANT 1765 LAKEWOOD RD., TOMS RIVER NJ 08755

TELEPHONE NUMBER OF APPLICANT (732) 349-8499

PRESENT USE OF PROPERTY (check all that apply)
- ☐ Vacant Lot
- ☐ Single-family dwelling
- ☐ Multi-family dwelling
- ☒ Commercial (please describe) RETAIL STORE

PROPOSED USE OF PROPERTY (check all that apply)
- ☐ Vacant Lot
- ☐ Single-family dwelling
- ☐ Multi-family dwelling
- ☐ Commercial (please describe)

PROPOSED CONSTRUCTION (please describe, specifically additions)
STORE FRONT SIGN INSTALLATION

All dimensions: 26'-6" Width ____ Length 2'-0" Height

All dimensions: ____ Width ____ Length ____ Height

All dimensions: ____ Width ____ Length ____ Height

Deck or Garage: ____ Attached ____ Detached ____ Height

Fence: ____ Style ____ Material ____ Height

COMMERCIAL

CHECKLIST:

- ☐ All information completed above
- ☐ Two (2) copies of the property survey map 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.

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 Steve Edgerly Date 7/28/00

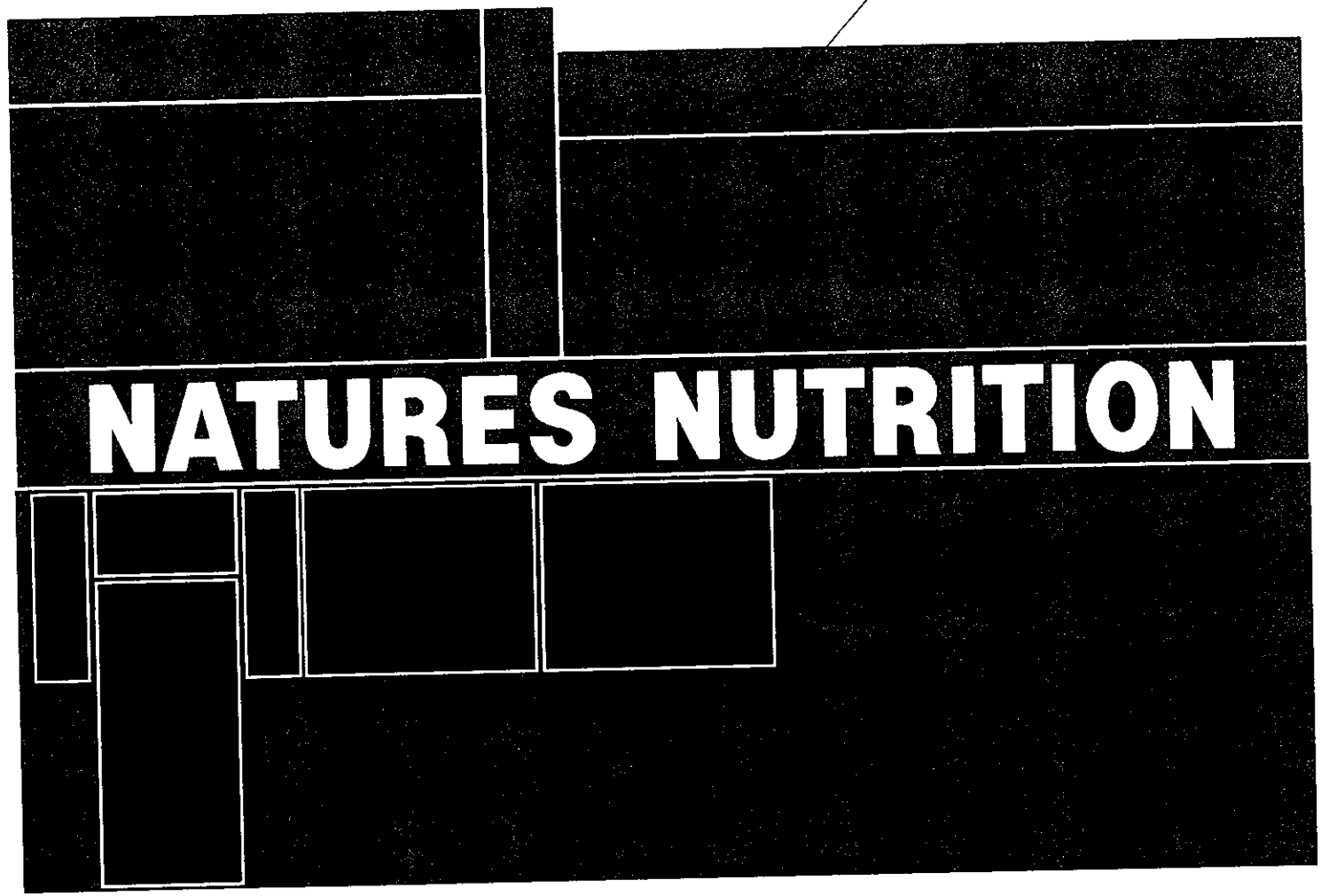
Reviewed by Zoning Officer JC Date 7-31-00 (X) Approved ( ) Rejected

ZONING

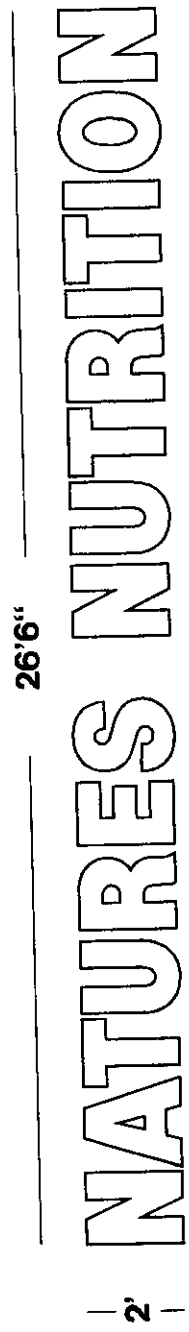
BUILDING IS 19' 6" X 30' OR 585 S/F. 15% OF 585 IS 87.75 S/F
THE PROPOSED SIGN IS 53 S/F WHICH IS WELL WITHIN THE ALLOWABLE SIZE.

19'6"

DRUM POINT PLAZA BUILDING



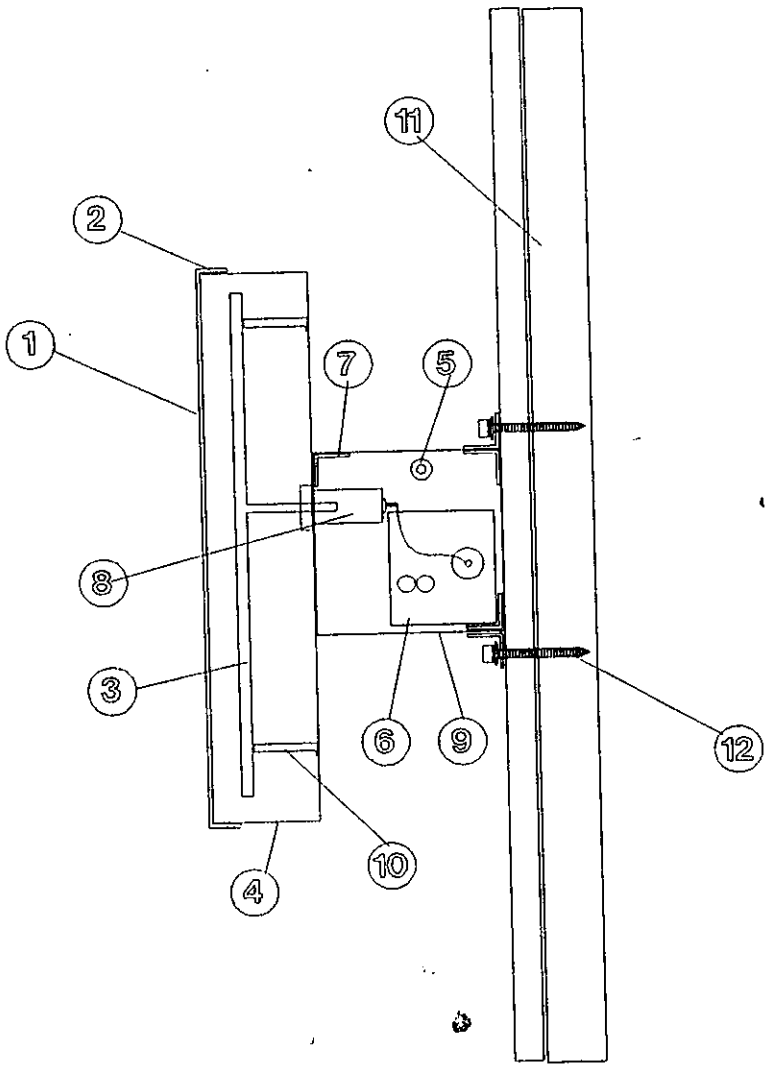
30'



scale: 1/4" = 1'

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: NAUTURES NUTRITION BRICK NJ		REV:	DATE: DESCRIPTION:
		DATE 7/28/00	SA: NATUREN		

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



1) 3/16" yellow plexiglas
2) 1" gold trim cap
3) 15 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 4" lags every 5' top and bottom

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

GIRTAIN SIGN
Company
732-349-8499

RE: NATURES NUTRITION
DRUM POINT PLAZA
BRICK, NJ 08724
8/1/00

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723
(732) 262-1050

Department of Administration & Finance

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

Date: 7-28-00

Block: 574.01 Lot: 15

Property Address: STORE # 383 - 375 BRICK BLVD

I, STEVE EDGERLY (name) of GIRTAIN SIGN CO (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.

Steve Edgerly
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: 8/1/00 Signed: [signature]

Rejected on: _____ Signed: _____

Comments:

COMMERCIAL

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 547.01 LOT 15 SITE ADDRESS 375 Broadway
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS Sign

APPLICANT Custom Sign Co. PHONE NUMBER 399-5477
APPLICANT ADDRESS 611 Lafayette St CITY & STATE Town River NJ
PERMIT # C20-76 NAME OF BUSINESS Native Nation

INCLUSIONARY DEVELOPMENT

◊ Affordable
- Fee Required _____ Date _____
- Down Payment _____ Date _____
- Balance _____ Date _____
- Paid In Full _____ Date _____

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

X Commercial is .01 %

Estimated Assessment $ [illegible] Date 5-30-20

Estimated Required Fee $ [illegible]

Required Deposit on Estimate $ _____ Date _____

Check # _____ Receipt # _____

Actual Assessment $ _____ Date _____

Actual Required Fee $ _____

Minus Deposit of Estimate $ _____

Balance Due $ _____ Date _____

Check # _____ Receipt # _____

Amount Paid In Full $ _____

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

NO FEE REQUIRED

APPROVED BY KT DATE 5-30-20

Carol A. Wolfe
Affordable Housing Administrator

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

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

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 8-2-00

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 547.01 LOT 15 SITE ADDRESS 375 Brick Blvd

TYPE OF SITE _____ (Residential/Commercial) TYPE OF BUSINESS Natures Nutrition Sign

APPLICANT Certain Sign Co CITY & STATE Toms River, NJ

☒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: DRUM POINT PLAZA
Block: 547.01 Lot: 15
Owner's Name: JOHN J. DE GEORGE
Owner's Mailing Address: BRICK NJ. 08723

Phone: (732) 477-6363

BUILDING

Contractor: GIRTAIN SIGN CO.
Address: 1765 LAKEWOOD ROAD
TOMS RIVER, NJ. 08755
Phone#: (732) 349-8499
Lis #
Federal Emp # or SSN 22-330-5786

Technical Data

Description of Work: INSTALL STORE FRONT SIGN

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	X Sign 53 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: 6,300 00

Cost of New Building:

Total Cost of Building Work:

Signature: Steve Edgerly

Please Print Name STEVE EDGERLY

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 10	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: 300 00

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_____

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_____

Signature:_____

Print Name:_____