BLOCK 547.01 LOT 15 ADDRESS (SITE) 343 BRICK BLVD. PERMIT NO. 98-0508

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: DRUM POINT Center 343 Brick Blvd.
2. Name of Owner In Fee: LA Weight Loss Tel. (732) 920-8816
   Address 343 BRICK BLVD. BRICK N.J. 08723
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: MR. Sign MAIL Tel. (732) 254-8818
   Address 280 RT 18 EAST BRUNSWICK N.J. 08816
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. 22-294-2690 Social Security No. ____
5. Architect or Engineer ____ Tel. ( ) ____
   Address ____
6. Responsible Person in Charge of Work Steve Stefanic Tel. (732) 254-8818

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	35.-		
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		1.-		
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other ZBA		915		
13. TOTAL	$	151.-		

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 ____ sq. ft.	
11. Max. Eye Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

Sign.

	Est. Cost
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	910

OPTIONAL (for office use only)

	Plans Req'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
	OK	2/9/98		3-11-98	FM			
	EWC	2/17/98		2/17/98				

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: Weight Loss Center
2. Use Group:
3. Change in Use Group, Indicate Former:

PRELIMINARY APPROVAL

LDS BR 10511396

U.C.C. Form F-100B

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 MR. Sign

Address 250 RT 18 NO.

EAST BRUNSWICK NJ 08816

Telephone (732) 254-8818

Signature _____ Date 2/6/98

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	
☐ 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.									
☐ Other									
☐									
☐									

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 EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	
☐ Certificate of Occupancy	No. _____	_____	
☐ Certificate of Approval	No. _____	_____	

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Control #
Permit # 98-0508

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 547.01 Lot 15

Work Site Location 343 DRUM POINT RD
REPLACE SIGN
Owner in Fee LA WEIGHT LOSS
Address SAME
BRICK, NJ 08723-
Telephone (732)920-8816

Contractor MR SIGN
Address 280 RT 18 NORTH
NEW BRUNSWICK, NJ
Telephone ( )
Lic. No. or Bldrs. Reg. No. Exp. Date / /
Federal Emp. No. 22-2942690
or Social Security No.

Is hereby granted permission to perform the following work:
[X] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:
REPLACEMENT OF SIGN

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 $ 900

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occ.	0
Other ZPA	15
Total	51 ~~36~~
Check No.	1915
Cash	
Collected By:	TL

CONSTRUCTION OFFICIAL

BUILDING SUBCODE TECHNICAL SECTION

Date Received 3/13/98
Date Issued
Control #
Permit # 98-0508

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

Block 597.01 Lot 15
Work Site Location PENN POINT PLAZA - 343 BRICK BLVD. BRICK, NJ 08723
Owner in Fee LA WEIGHT LOSS
Address 343 BRICK BLVD. BRICK NJ. 08723
Tele. (732) 920-3349
Contractor MR. SIGN
Address 260 RT 18 NO. EAST BRUNSWICK N.J. 08816
Tele. (732) 254-8818
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-294-2690 or Social Security No.

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 Steven Stefanic

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALLATION OF STORE FRONT SIGN AS PER DRAWING.

REPLACE SIGN

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	3-11-98	PM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[X] Sign 30 Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other
[ ] Other
[ ] Demolition

(Office Use Only)
FEE
$ 90.00

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+2) $ 900.00

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

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: February 13, 1998 1998 - 0120

Block 547.01 Lot 15 Zone B-2, G.B.

Property Address: 343 Brick Boulevard; Drum Point Plaza

Owner: L.A. Weight Loss (Phone): (732) 920-3349

Applicant: Steve Stefanie (Phone): Same

Existing Use: Vacant retail unit.

Proposed Use: L.A. Weight Loss Center.

Proposed Construction (if any): 2' by 16' wall sign, 32' square feet, "L.A. Weight Loss Center".

Conditions: Sign area may not exceed 15% of facade area.

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.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK

Zoning Permit Application

(Please Type or Print Neatly)

BLOCK 547.01 LOT 15

PROPERTY ADDRESS 343 BRICK BLVD, BRICK NJ 08723

NAME OF OWNER LA WEIGHT LOSS. OWNER'S PHONE (732) 920-3349

NAME OF APPLICANT LA. WEIGHT LOSS CENTER (STEVE STEFANIC)

APPLICANT'S COMPLETE ADDRESS 343 BRICK BLVD. BRICKTOWN NJ. 08723

APPLICANT'S PHONE NUMBER (732) 920-3349 APPLICANT'S BUSINESS NAME _____

PRESENT USE OF PROPERTY (check one)

☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment

☒ Commercial (please describe) Retail Mall / WALL MOUNTED SIGN. 2S PER DRAWING

☐ Other (please describe) _____

WALL/STOREFRONT AREA 400 ☒

SIGN AREA 30 ☒

PROPOSED USE OF PROPERTY (check one)

☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment

☒ Commercial (please describe) SAME AS ABOVE

☐ Other (please describe) _____

PROPOSED CONSTRUCTION NEW SIGN REPLACEMENT. 2'x16'

All Dimensions BLDG. 19' W _____ L 22' Ht — BLDG MEASURE

Deck or Garage ☐ Attached ☐ Detached

Fence Type _____ Ht _____

CHECKLIST:

☐ All information completed above

☐ Two (2) accurate Survey / Plot Plans containing:

- ☒ all existing and proposed structures
- ☒ all dimensions of lot and structures
- ☐ set backs to all property lines
- ☐ all streets and waterways shown

☐ If approved by Planning Board or Board of Adjustments, include copy of resolution

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 Stefanic Date 2/9/98

Reviewed by Zoning Officer Date 2/13/98 ☒ Approved ☐ Rejected

Illuminated channel letters
White face / black trim
Sign Sq Ft. 30 ☐

20" caps

16'

10'

2'

10'

20"

LA Weight Loss

19'

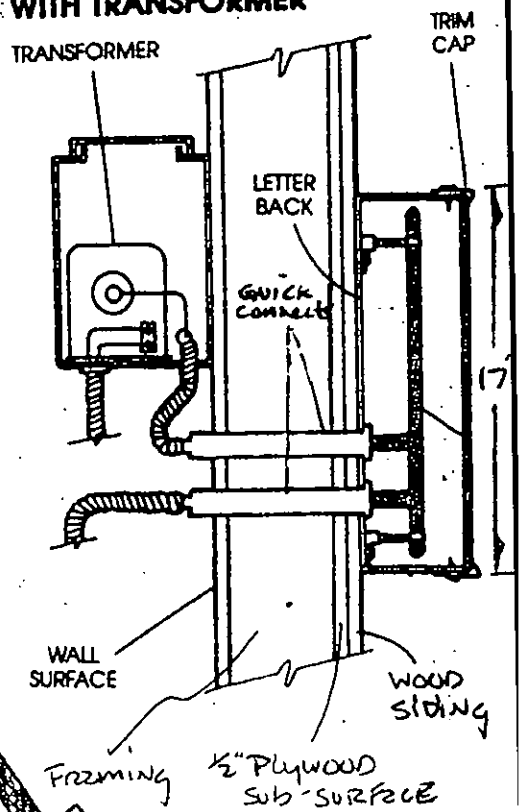
Bldg. size Sq. ft. 400

COMMERCIAL

MR. SIGN
280 HWY. 18N
EAST BRUNSWICK, NJ 08816
732-254-8818

* Remote transformer

CHANNEL LETTER WITH TRANSFORMER



Storefront sign Detail.
L.A. Weight Loss 08723
1343 Brick Blvd.

Drawing Title **SIGN DETAIL**

DATE: 2/3/98

Block 547.01
Lot 15.

9422A

APPROVED FOR ZONING ONLY
SEAN KENNEVY, ZONING OFFICER
DATE February 13, 1998
Sean Kennedy — wall sign

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, NJ 08723

COMPLIED

Joseph C. Scarpelli, Mayor

Township Council:
Victor Cantillo – President
Martin J. Anton
Helen Fayad
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.gbshost.com/brick

DATE 2/9/98

Municipal Engineer
401 Chambers Bridge Road
Brick, New Jersey 08723

RE: Block 547.01 **Lot** 15

Dear Sir:

I, Steve Stefanik (Name) of MR. SIGN 280 RT 10 NO. EAST BRUNSWICK NJ 08816 (Address)
request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B. The property (please circle one) is / is not located in a flood zone.

Respectfully yours,

Steve Stefanik
Applicant's Signature

732-254-8818
Phone #

1. **Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.**

2. **Proof that the property is not located in a Flood Hazard Area.**

NOTE: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

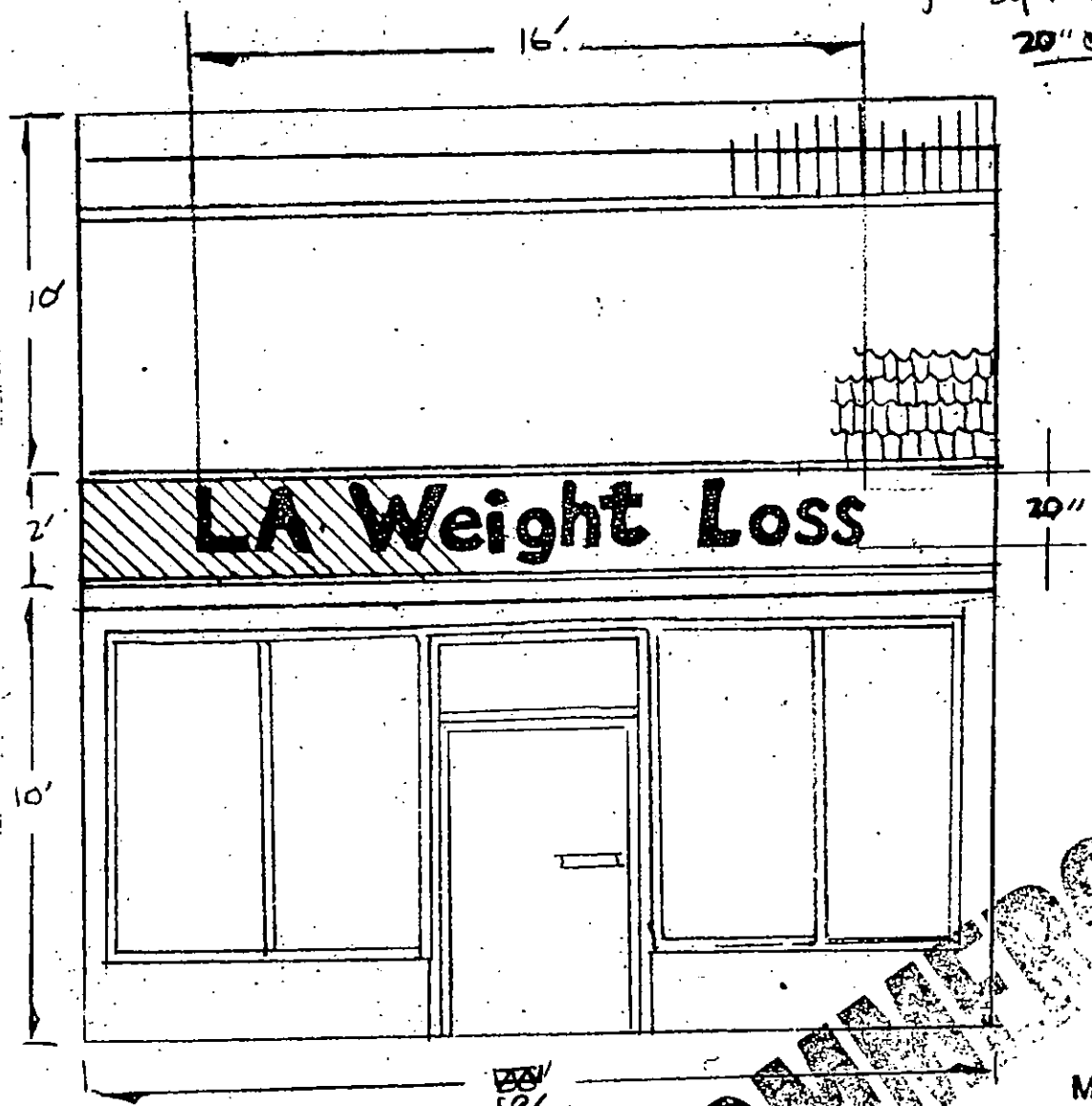
Approved ok **Date** 2/11/98 **BY** SKO

Rejected **Date** _____ **BY** _____

REMARKS: _____

Illuminated channel letters
White Face / Black Trim
Sign Sq Ft. 30sf

20" 22ps



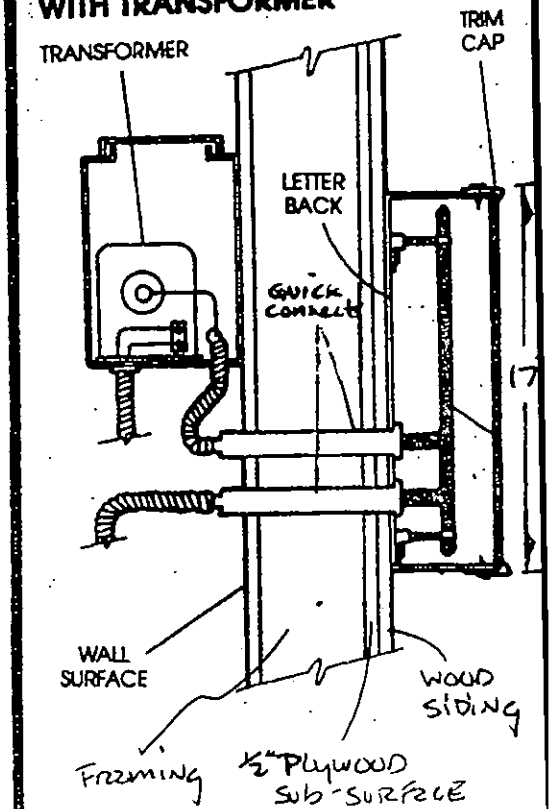
BLDG. SIZE. Sq. FT. 400

CONFIDENTIAL

MR. SIGN
280 HWY. 18N
EAST BRUNSWICK, NJ 08816
732-254-8816

* REMOTE TRANSFORMER

CHANNEL LETTER WITH TRANSFORMER



Storefront Sign Detail.
L.A. Weight Loss 08776
1343 Berlic Blvd.

Title: **SIGN DETAIL**
DATE: 2/3/98

Drawing: Block 547.01
Lot. 15.
9422A

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
DATE February 13/1998
Sean Kinney - wall sign

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
FAX (732) 262-8954 or (732) 920-1456
http://www.twp.brick.nj.us

February 19, 1998

LA Weight Loss Center
Drum Point Plaza
343 Brick Blvd.
Brick, NJ 08723

RE: Mandatory Development Fee
Block 547.01, Lot 15; Sign at LA Weight Loss Center

To Whom it May Concern:

The Township of Brick has enacted Ordinance 354-2C-93 in conjunction with our Fair Share Plan, which was certified by the New Jersey Council on Affordable Housing on February 3, 1993.

This Ordinance requires that commercial development applicants pay a fee in the amount of one percent of the assessed value per project. The municipal Tax Assessor has estimated the value of the work to be completed under the construction permit application received on February 9, 1998, for the above block and lot at $500.00, resulting in an estimated fee of $5.00.

Therefore, it is required that one half of the estimated fee ($2.50) be submitted in the form of a check payable to the Township of Brick for deposit into the Affordable Housing Trust Fund. The balance is to be collected prior to issuance of the Certificate of Occupancy.

May I suggest that you contact this office approximately two weeks prior to your request for a C.O. to allow adequate time for the Assessor to conduct a final evaluation of the site.

If you have any questions, please contact me.

Sincerely,

Carol A. Wolfe
Affordable Housing Administrator
CAW/da

LA WEIGHT LOSS CENTERS
255 BUSINESS CENTER DR SUITE 150
HORSHAM, PENNSYLVANIA 19044

PNC BANK, N.A.
JEANNETTE, PA 001

A10098
CHECK

60-162/433

10098

PAY
TWO AND 50/100 DOLLARS

DATE 03/04/98

AMOUNT **********$2.50

TO THE ORDER OF
TOWNSHIP OF BRICK
OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE RD
BRICK, NJ 08723

AUTHORIZED SIGNATURE

Security features. Details on back.

[redacted]

To: Scott M. Pezarras, Chief Financial Officer

From: Carol A. Wolfe, Affordable Housing Administrator

Re: Affordable Housing Fees

Date: 3-10-98

Business/Development: LA Weight Loss

Owner/Applicant: LA Weight Loss

Property Address: 343 Brick Blvd

Block: 547.01 Lot: 15

DEPOSIT RECEIVED

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number A10098
Estimated Fee $ 5.00

Deposit Amount $ 2.50

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number: _____
Final Fee: $_____
Less Deposit: $_____

Final Payment $_____

FOR DEPOSIT ONLY-AFFORDABLE HOUSING TRUST ACCOUNT # 4880071456

Collection of said fees as authorized by Township Ordinance 354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Signature

3-10-98
Date

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 547.01 LOT 17 SITE ADDRESS 540 Bloomfield Blvd
TYPE OF SITE Residential / (Commercial) TYPE OF BUSINESS Sign

APPLICANT Lighthouse Signs PHONE NUMBER 973-[illegible]16
APPLICANT ADDRESS 540 Bloomfield Blvd CITY & STATE [illegible] NJ
PERMIT # _____ NAME OF BUSINESS Lighthouse Signs

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 %

◊ Commercial is .01 %

Estimated Assessment $ [illegible] Date [illegible]

Estimated Required Fee $ [illegible]

Required Deposit on Estimate $ [illegible] Date [illegible]

Check # [illegible] Receipt # [illegible]

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.

_____

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: 12-15-18

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 547.01 LOT 17 SITE ADDRESS 34 S Brick Blvd

TYPE OF SITE Commercial TYPE OF BUSINESS LA Weight Loss Center
(Residential/Commercial)

APPLICANT LA Weight Loss CITY & STATE Brick, 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

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 547.01 LOT 19 SITE ADDRESS 343 Brick Blvd
TYPE OF SITE Residential / (Commercial) TYPE OF BUSINESS Sign

APPLICANT LA Weight Loss PHONE NUMBER 920-8816
APPLICANT ADDRESS 343 Brick Blvd CITY & STATE Brick NJ
PERMIT # NAME OF BUSINESS LA Weight Loss

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 %

◊ Commercial is .01 %

Estimated Assessment $ 600 Date 2-18-98
Estimated Required Fee $ 6
Required Deposit on Estimate $ 2 Date 3-10-98
Check # 8100 Receipt # 3541
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.

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: 2-18-98

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 547.01 LOT 17 SITE ADDRESS 3433 Brick Blvd

TYPE OF SITE Commercial TYPE OF BUSINESS LA Weight Loss Center
(Residential/Commercial)

APPLICANT LA Weight Loss CITY & STATE Brick 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:

$ 500

Frederick R. Millman, CTA, Tax Assessor

2/18/98

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

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