

BLOCK

LOT

ADDRESS (SITE)

PERMIT NO.



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 355 Brick Blvd
2. Name of Owner: Salon Milan Tel. (270) 7201
- Address: 355 Brick Blvd.
3. Ownership: Public ☐ Private ☐
4. Principal Contractor: MARK-O-Lite Sign Co. Tel. (908) 462-8530
- Address: 1420 Rt. 9 South Howell N.J. 07731
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
- Federal Emp. No. 22-2239194 Social Security No. _____
5. Architect or Engineer _____ Tel. (_____) _____
- Address _____
6. Responsible Person in Charge of Work: Howard Mark Tel. (908) 462-8530

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	<u>Ch 20</u>	<u>35</u>	
2. Electrical		<u>35</u>	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee		<u>2</u>	
10. Subtotal	\$		
11. Cert. of Occupancy		<u>15</u>	
12. Other			
13. TOTAL	\$	<u>87</u>	

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area of Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____ 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 3000

Est. Cost

3000

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>11-7-01</u>	<u>EM</u>			
			<u>11-4-01</u>	<u>EM</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) BOCA
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) BOCA

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:

APPROVED BY DET DATE 11/2/01

LDS BR 10402668

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.

(X) Check if contractor.

Agent Name MARK-O-Lite Sign Co.

Address 1420 Rt 9 South

Howell NJ 07731

Telephone (908) 462-8530

Signature H. Mark Date 10/12/01

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									
☐ 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)

☐ Temporary Certificate of Occupancy	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____
☐ 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 # _____

IDENTIFICATION Block

547.01

Lot

15

Work Site Location

355 Brick Blvd

Contractor

MARK-O-Lite Sign Co

Address

1420 Rt. 9 South

Owner in Fee

Salon Milano

Address

355 Brick Blvd

Tele. (908)

132 Howell NJ 07731

Lic. No. or Bldrs. Reg. No.

Exp. Date

Federal Emp. No.

22-2239194

or Social Security No. _____

is hereby granted permission to perform the following work:

☐ BUILDING☐ PLUMBING☒ OTHER

Sign

☐ ELECTRICAL☐ FIRE PROTECTION☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

2'X15' Channel letter,
new lit, Acrylic covers

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 \$

3000

PAYMENTS (Office Use Only)

Building _____

Electrical _____

Plumbing _____

Fire Protection _____

Elevator Devices _____

Other _____

DCA Training Fee _____

Cert. of Occ. _____

Other _____

Total _____

Check No. _____

Cash _____

Collected By: _____

CONSTRUCTION OFFICIAL

(see reverse side)

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

 Block _____ Lot _____
 Work Site Location _____

 Owner in Fee _____
 Address _____

 Tele. (____) 908-4102-8530
 Contractor MAK-O-Lite Sign Co.
 Address 1420 Rt. 9 50045
Howell NJ 07731
 Tele. 908-4102-8530
 Lic. No. or Bids. Reg. No. _____
 Federal Emp. No. 22-2239194 or Social Security No. _____

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	INSPECTIONS
☐ No Plans Req.			Type: _____
☒ All	<u>11/20/92</u>	<u>JS</u>	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	_____ Ft.	_____ Ft.	3. Total (1+2) \$ _____
Area—Largest Floor	_____ Sq. Ft.	_____ Sq. Ft.	
New Bldg. Area/All Floors	_____ Sq. Ft.	_____ Sq. Ft.	
Volume of New Structure	_____ Cu. Ft.	_____ Cu. Ft.	
Total Land Area Disturbed	_____ Sq. Ft.	_____ Sq. Ft.	

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

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

		(Office Use Only)
		FEE
Paid ☐ Check # _____	Administrative Surcharge	\$ _____
Collected by: _____	Minimum Fee	\$ _____
	DCA TRAINING FEE	\$ _____
	TOTAL FEE	\$ _____



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

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

Block _____ Lot _____
Work Site Location _____

Owner in Fee _____
Address _____

Tele. (____) _____
Contractor MARK-O-LITE SIGN CO.
Address 1920 RT. 9 50046
Howell NJ 07731
Tele. (908) 4102-8530
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 22-2239194 or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☐ No Plans Req.			Type:	Failure	Approval
☐ All			Footings		
☐ Footings			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 _____ Ft. 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.

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

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

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

(Office Use Only)
FEE

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____



Date Received
Date Issued 11/15/01
Control #
Permit # 0142024

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING

CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-222-1000.

Block

Work Site Location

Owner in Fee

Address

Tele. ()

Contractor

Address

Tele. ()

Lic. No. or Bids. Reg. No.

Federal Emp. No.

or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Failure	Appr. Date	Initial
☒ All	11-20-01	PM	Footings					
☐ No Plans Req.			Foundation					
☐ Footing			Slab					
☐ Foundation			Frame					
☐ Frame			Insulation					
☐ Other			Finishes:					
Joint Plan Review Required:			Energy					
☐ Elec. ☐ Plumb. ☐ Fire			Mechanical					
SUBCODE APPROVAL			TCO					
☐ CO ☐ CCO ☐ CA			Other					
Date:			Final					
Approved By:								

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			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the Agent of the Owner in record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

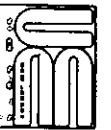
2' x 15' Channel Iron, new
117, Haylie Bars

TYPE OF WORK:

☐ New Building	
☐ Addition	
☐ Alteration	
☐ Roofing	
☐ Siding	
☐ Fence	
☒ Sign	Height (6' or over)
☐ Pool	Sq. Ft.
☐ Asbestos Abatement	
☐ Other	
☐ Other	
☐ Demolition	

	Administrative Surcharge	Minimum Fee	DCA TRAINING FEE	TOTAL FEE
Paid ☐ Check #				
Collected by:				

(Office Use Only)
FEE



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

6/1/2012

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

Block 155 Lot 155
Work Site Location 155
Owner in Fee 155
Address 155
Tel: (908) 462-8530
Contractor MARK - O - LITE SIGN CO.
Address 1420 Route 9 South
Howell, NJ 07731
Tel: (908) 462-8530
Lic. No. 11556
Federal Emp. No. 22-2239194 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 \$ _____

JOB SUMMARY (Office Use Only)

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

D. TECHNICAL SITE DATA

NO.	SITE	ITEM	
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
		Kw Range	
		Kw Over(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.	
		hp Motors—All Others	
		Kw Transformers	
		Kw Generators	
		Amp Service Entrance	
		Other	

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.

[X] Licensed Electrical Contractor [] Exempt Applicant

Signature-Contractor Seal

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

U.C.C. Form F-1208

1 White - Office Copy
2 Canary - Office Copy
3 Pink - Applicant Copy
4 Hard - Inspector Copy

FEE (Office Use Only)



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

11/15/11
01-4205

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING

CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 355 Brick Blvd.

Work Site Location 355 Brick Blvd.

Owner in Fee 355 Brick Blvd.

Address 355 Brick Blvd.

Owner 355 Brick Blvd.

Contractor MARK - O - LITE SIGN CO.

Address 1420 Route 9 South

Address Howell, NJ 07731

Tele. 908 462-8530

Lic. No. 11556

Federal Emp. No. 22-2239194

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 \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW: _____

[X] No Plans Required _____

Joint Plan Review Required: _____

[] Bldg. [] Plumb. _____

[] Fire [] Elevator _____

[] Elec. Plans Approved _____

Date: 11/13/09 _____

Approved by: [Signature] _____

SUBCODE APPROVAL _____

[] CO [] CCO [] CA _____

Date: _____

Approved By: _____

D. TECHNICAL SITE DATA

NO. SITE ITEM

Fixtures (1)

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.

hp Motors—All Others

Kw Transformers

Kw Generators

Amp Service Entrance

Other _____

FEE (Office Use Only)

Administrative Surcharge

Minimum Fee

DCA Training Fee

TOTAL FEE

Paid [] Check # _____

Collected by: _____

~~4-12-04~~

4-12-04

SIGN ON STORE SALON MILAN ~~AT~~
STORE LOCKED DRUM POINT PLAZA

DRUM POINT

TOWNSHIP OF BRICK ZONING PERMIT

Approved: October 29, 2001

No. 1.1612

Block: 547.01

Lot: 15

Zone: B-2, General Business

Property Address: 355 Brick Boulevard; Drum Point Plaza

Applicant: Howard Mark; Salon Milan

Property Owner: John DeGeorge

Existing Use: Beauty salon.

Proposed Use: Same.

Proposed Construction: Wall sign, 2' x 15', "Salon Milan".

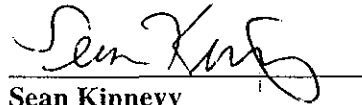
Conditions: The total sign area cannot exceed 15% of the total façade area.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect.

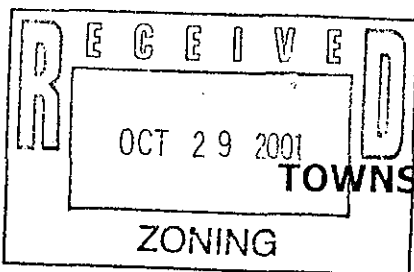
This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.



Michael P. Fowler AICP/PP
Municipal Planner



Sean Kinnevy
Zoning Officer



TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

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

Block 547.01 Lot 15 Qualifier _____

PROPERTY ADDRESS 355 Brick Blvd.

PERSONAL NAME OF APPLICANT HOWARD MARK

BUSINESS NAME OF APPLICANT SABA MILAN

PROPERTY OWNER John De George

PRESENT USE OF PROPERTY (check all that apply)

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

PROPOSED USE OF PROPERTY (check all that apply)

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

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) Sign - channel letter neon lit

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.

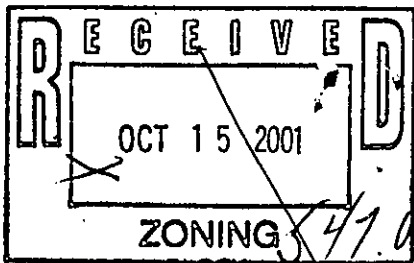
Note: No partial, taped, faxed,
reduced or enlarged copies
can be accepted.

Signature of applicant H. Mark Date 10/24/01

Reviewed by Zoning Office

Date

() Approved () Denied



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

BLOCK 341.4 LOT 15

PROPERTY ADDRESS (number and street) 355 Brick Blvd

NAME OF PROPERTY OWNER _____

PERSONAL NAME OF APPLICANT MARK O-Hire Sign Co

BUSINESS NAME OF APPLICANT Salon MILAN

MAILING ADDRESS OF APPLICANT 1420 Rt 9 St. Howell NJ 07731

TELEPHONE NUMBER OF APPLICANT 462-8530

PRESENT USE OF PROPERTY (check all that apply)

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

PROPOSED USE OF PROPERTY (check all that apply)

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

PROPOSED CONSTRUCTION (please describe, specifically additions)

Sign - Channel letter neon lit Acrylic

All dimensions: 15' Width 2' Length 2' Height

All dimensions: _____ Width _____ Length _____ Height

All dimensions: _____ Width _____ Length _____ Height

Deck or Garage: _____ Attached _____ Detached _____ Height

Fence: _____ Style _____ Material _____ Height

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 H. Mark

Date 10/12/01

Reviewed by Zoning Officer _____

Date 10-16-01

() Approved () Rejected

VOID
COMMERCIAL

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 441 LOT 15 SITE ADDRESS 355 R. 2. Blvd.
TYPE OF SITE Residential (~~Commercial~~) NAME OF BUSINESS W. J. Miller
APPLICANT W. J. Miller PHONE NUMBER 408-550
APPLICANT ADDRESS 141 St. 4 CITY & STATE Seattle, WA 98101

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%
- ☒ The estimated equalized assessed value of the proposed construction is

\$ _____

Frederick R. Millman, CTA, Tax Assessor

Date

- ☐ The final equalized assessed value of the construction at the above referenced site is:

\$ _____

Frederick R. Millman, CTA, Tax Assessor

Date

Preliminary Fee Required _____

Preliminary Paid _____

Final Total Fee Required _____

Preliminary Paid _____

Final Paid _____

Balance Due _____

Date _____

Check # _____

Receipt # _____

Date _____

Check# _____

Receipt # _____

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.

Office of Affordable Housing

TOWNSHIP OF BRICK

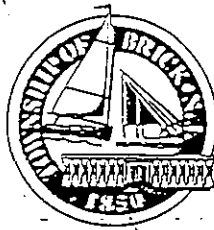
OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Joseph C. Scarpelli, Mayor

Township Council:

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



DEPARTMENT OF ADMINISTRATION & FINANCE

OFFICE OF LAND USE MANAGEMENT

Sean Kinnevy
Zoning Officer
(732) 262-1041

Kate MacDonald
Asst. Zoning Officer
(732) 262-1043

Fax: (732) 262-8954

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

Mark-O-Lite Sign Co.
1420 Route 9
Howell, NJ
07731

Date: 10-16-1

Re: Block: 547.01

Lot: 15

355 Brick Blvd.

☒ Your application for a zoning permit is incomplete. In order to process your application, we need the following:

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

☒ A zoning permit application completely filled out and signed by the applicant. No facsimile copies can be accepted.

Upon submission of the required information to the Division of Inspections we will be able to process your application.

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

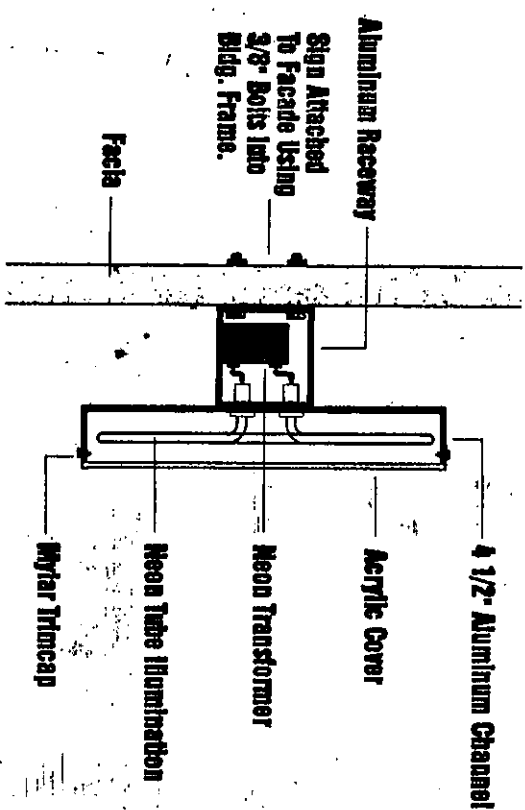
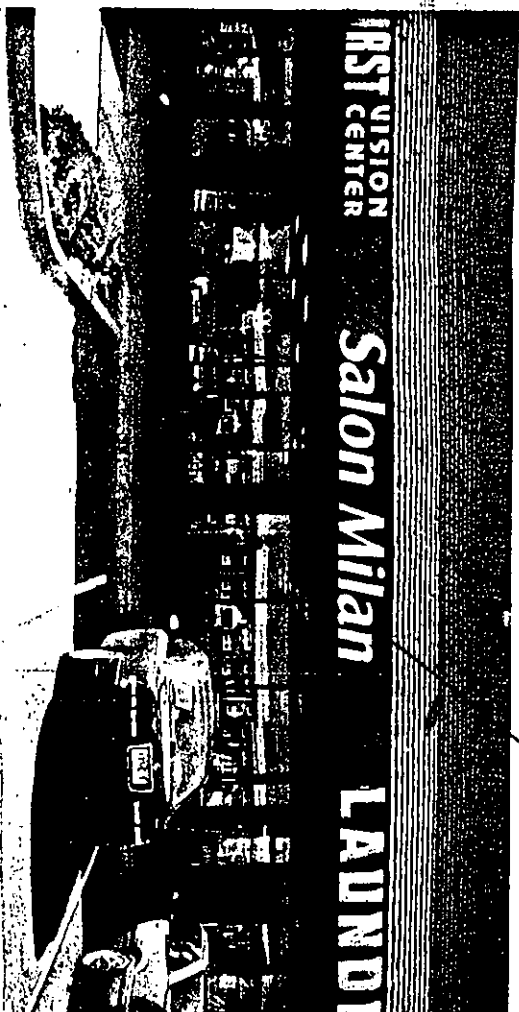
C: Mayor Joseph C. Scarpelli
Scott R. MacFadden, Business Administrator
Michael P. Fowler, AICP/PP, Municipal Planner
Joseph P. Curiazza, Construction Official

Salon Milan

2'-0"

18'-0"

20'-0"



MARK-O-LITE
SIGN CO., INC.

Scale: -0- Date: 10/5/67

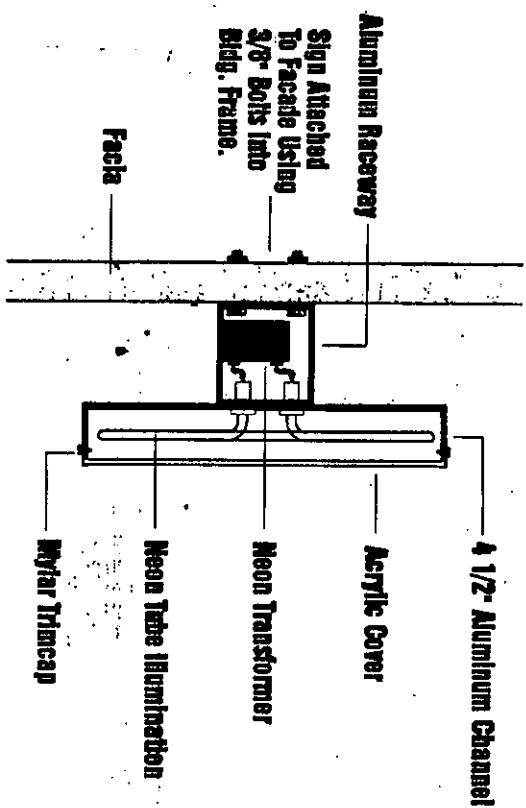
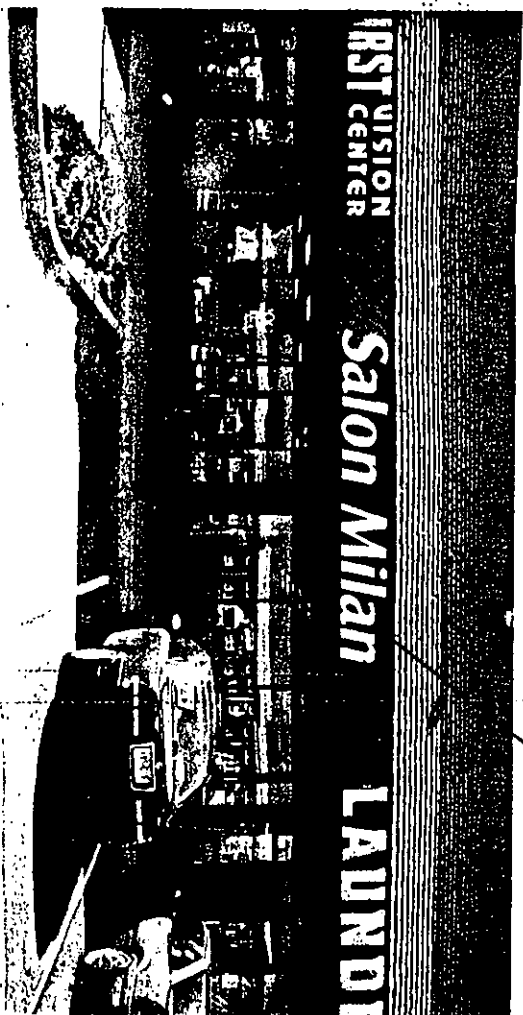
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Salon Milan

2'-0"

18'-0"

20'-0"



MARK-O-LITE
SIGN CO., INC.

Scale: 1/8" = 1'-0" Date: 10/1/61

THIS DRAWING IS A CUSTOM DESIGN CREATED FOR THIS PROJECT BY MARK-O-LITE SIGN CO. YOU ARE ACCEPTING THIS DRAWING WITH THE FULL UNDERSTANDING THAT A \$500.00 DESIGN FEE WILL BE CHARGED TO YOU IN THE EVENT THAT THIS DESIGN IS GIVEN TO OTHERS FOR DUPLICATION OR REPRODUCTION WITHOUT THE DESIGNER'S WRITTEN CONSENT OF MARK-O-LITE.