BLOCK 547.01 LOT 15 C10-54 ADDRESS (SITE) 363 Brick Blvd. PERMIT NO. 01-4571

Mail w

CONSTRUCTION PERMIT APPLICATION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

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

I. IDENTIFICATION

1. Proposed Work-site at: 363 Brick Blvd
2. Name of Owner RE/MAX Award Realtors Tel. (___) 4/20 02-02
   Address 363 Brick Blvd (street / municipality / zip code)
3. Ownership Public _____ Private _____ 732
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 _____ 732
6. Responsible Person in Charge of Work Howard Mark Tel. (908) 462-8530

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	35		
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		1		
10. Subtotal	$			
11. Cert. of Occupancy		15		
12. Other				
13. TOTAL	$	86		

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

II. PROPOSED WORK

Est. Cost

1. ☑ Minor work (single trade) 150 —
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 150 —

Sign

COMMERCIAL

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			12-13-01	FG			
			12/20/01	MM	4/12/04		OK

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 0

B. NON-RESIDENTIAL
1. State Specific Use: N.B.T.
2. Use Group:
3. Change in Use Group, Indicate Former:

OBTAIN ANY FEE - COMMERCIAL

NO FEE REQUIRED

APPROVED BY ___ DATE 12/10/01

LDS BR 10402709

UCC Form F 1008

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 11/29/01

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		
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.				

CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

IDENTIFICATION Block 547.01 Lot 15

Work Site Location 363 Brick Blvd

Owner in Fee RE/MAX Swain Realtors

Address 363 Brick Blvd

Tele. (732) 920 0202

Contractor MARK-O-Lite Sign Co

Address 1420 Rt. 9 South

Howell NJ 07731

Tele. (908) 462-8530

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 [X] OTHER Sign

[ ] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: 2'X16' Channel letter

Item 11F

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 $ 1500

CONSTRUCTION OFFICIAL

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:	

(see reverse side)

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 1420 Rt. 9 South
Howell NJ 07731
Tele. (908) 462-8530
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 22-2239194 or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	3-4	EJ
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

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

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) $ _____

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)
- [X] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement
- [ ] Other _____
- [ ] Other _____

[ ] Demolition

(Office Use Only)
FEE
$ _____

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

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # 12.26.01
Permit # 014571

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

Block 54701 Lot 15
Work Site Location 363 Buck Blvd
Owner in Fee RE/MAX Award Realtors
Address 363 Buck Blvd.
Tele. (732) 420 0202
Contractor Mark-O-Lite Sign Co.
Address 1420 Rt. 9 South
732 Howell NJ 07731
Tele. (~~908~~) 462-8530
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2239194 or Social Security No.

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.

H. Mark
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

21' x 16' channel letter, neon lit

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	12-13-01	KB
[ ] Footing		
[ ] *Foundation*		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved By:

INSPECTIONS Type:	Failure	Dates (Month/Day) 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 32 Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement
- [ ] Other _____
- [ ] Other _____

[ ] Demolition

(Office Use Only) FEE

$ _____

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: 500-
1. New Bldg. $ _____
2. Alteration $ 500-
3. Total (1+2) $ _____

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

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 12/26/2001
Control 0
Permit # 01-4571

USE (NEW JERSEY)

CONSTRUCTION PERMITE

IDENTIFICATION Block 592.01 Lot 19 Qual

Work Site Location 338 BRICK BLVD
SIGN

Owner in Fee BERRY HYDRO REALTORS
Address SAME
BRICK, NJ -
Telephone (732)920-0202

Contractor NEON O LITE SIGN CO
Address 1420 RT 9 SOUTH
HOWELL, NJ 07731-
Telephone ( )
Lic. No. or Dlbra. Reg. No.
Federal Emp. No. 22-2827193

12/26/01 2:47PM 0000004801
0X01 SERV.001

#014571

BUILDING	$35.00
ELECTRIC	$35.00
DCA	$1.00
ZPA	$15.00
XXXTOTAL	$86.00
CHECK	86.00
CHANGE	$0.00

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
2X16 CHANNEL LETTER NEON LITE 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 $ 1,600

Construction Official

12/26/2001
Date

PAYMENTS (Office Use Only)

Building	35
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occupancy	0
Other	
Total	71
Check No.	1352
Cash	
Collected By:	DC

C.C.C. PIPO (rev. 3/96)

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # 12-16-01
Permit # 014371

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

Block 54701 Lot 1.5
Work Site Location 363 Main Blvd
Owner in Fee Remax Award Realtors
Address 363 Main Blvd.
Tele. (732) 414 0202
Contractor Mark-O-Lite Sign Co.
Address 1420 Rt. 9 South
Howell NJ 07731
Tele. (908) 462-8530
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2239194 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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

2' x 11' Channel Letter
Neon lit

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	12-13-01	KO
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

INSPECTIONS	Dates (Month/Day)			
Type:	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 22 Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other _____
[ ] Other _____
[ ] Demolition

(Office Use Only)
FEE

$ _____

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

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: 500-
1. New Bldg. $ _____
2. Alteration $ 500-
3. Total (1 + 2) $ _____

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

ELECTRICAL 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 5401 Lot 15
Work Site Location 363 Brick Blvd.

Owner in Fee ReMax Award Realtors
Address 363 Brick Blvd

Tele. (732) 420 0202
Contractor MARK - O - LITE SIGN CO.
Address 1420 Route 9 South
732 Howell, NJ 07731
Tele. (~~908~~) 462-8530
Lic. No. 11556
Federal Emp. No. 22-2239194 or Social Security No. _____

COMMERCIAL

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 12/20/01
Approved by: MR

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved By: _____

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

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature-Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		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	
1		Signs Hook to existing electric	
	___	Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
	___	Other	

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

U.C.C. Form F-120B

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

Brick

ELECTRICAL 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 547.01 Lot 15
Work Site Location EYESFIRST VISION CENTER
DRUM PT PLAZA - Buck Blvd, Brick, NJ.
Owner in Fee EYES FIRST
Address Same)

Tele. (732) 920-1300
Contractor Tom Tech Elect
Address 1741 Raleigh CT E. 124B
OCEAN NJ. 07712
Tele. (732) 577-0064
Lic. No. 11666
Federal Emp. No. _____ or Social Security N [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ $150.00/100

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 5.10.00
Approved By: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temporary				
Constr. Serv.				
TCO				
Other			5/10/00	5433
Service				
Final				

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

WAITED FOR PANEL MARKING

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.

[signature]
Signature—Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		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	
✓	1	Signs	
	_____	Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
	_____	Other	

FEB 26 98 0 0 1 4 6 8 1

Paid [✓] Check # 2511
Collected by: JM

Administrative Surcharge	$ _____
Minimum Fee	$ _____
DCA Training Fee	$ _____
TOTAL FEE	$ 35.—

U.C.C. Form F-1208 F 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

pd by Rex Sign Co. 1015 Main St. Bradley Beach

NJ UCCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

duplicate
no insp. done

Date Received 11/30/2001
Date Issued 12/26/2001
Control #
Permit # 01-4571

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 363 BRICK BLVD
SIGN
Owner in Fee REMAX AWARD REALTORS REALESTATE SIGN
Address SAME
BRICK, NJ -
Tele.(732)420-0202
Contractor MARK O LITE SIGN CO
Address 1420 RT 9 SOUTH
HOWELL, NJ 07731-
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2239194

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [~~ ~~] CA
Date: 4 12 04
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			4/12/04	TG

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

visual sign

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
(2) 1	2	KW Elect Sign/Outline Light	9
		Other	0
		Other	0

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

Administrative Surcharge	$	0
Paid [X] Check # 1342 Minimum Fee	$	26
Collected by: DC TOTAL FEE	$	35
DCA State Permit Fee	$	0

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

TOWNSHIP OF BRICK
ZONING PERMIT

Approved: November 30, 2001 **No. 1.1731**

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

Property Address: 363 Brick Boulevard, Drum Point Plaza

Applicant: Howard Mark; Kelmax Award Realtors

Property Owner: DeGeorge Developers

Existing Use: ReMax Award Realtors

Proposed Use: Same.

Proposed Construction: Wall sign, 2'-x"16' channel letter, "ReMax Award Realtors".

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

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

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
NOV 30 2001
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

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

Block 547.01 Lot 15 Qualifier _____

PROPERTY ADDRESS 363 Brick Blvd.

PERSONAL NAME OF APPLICANT Howard Mark

BUSINESS NAME OF APPLICANT RE/MAX Award Realtors

PROPERTY OWNER DeGeorge Dev.

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-dwelling
☑ Commercial (please describe) Store

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 2'X16' Channel letter, Neon lit

COMMERCIAL

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

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

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State and Federal Regulations.

Signature of applicant H. Mark Date 11/28/01

Reviewed by Zoning Office JK Date 11/30/1 (✓) Approved ( ) Denied

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 54.01 LOT 15 SITE ADDRESS [illegible]
TYPE OF SITE Residential (Commercial) NAME OF BUSINESS [illegible]
APPLICANT [illegible] PHONE NUMBER 732-[illegible]-8550
APPLICANT ADDRESS [illegible] CITY & STATE [illegible] NJ [illegible]

INCLUSIONARY DEVELOPMENT

Affordable	Fee Required	____	Date	____
	Down Payment	____	Date	____
	Balance	____	Date	____
	Paid In Full	____	Date	____
Market Rate	No Fee Required			

MANDATORY DEVELOPER FEES

NO FEE REQUIRED
APPROVED BY [signature] DATE 12/10/01

◊ Residential is .005 %

X Commercial is .01%

X The estimated equalized assessed value of the proposed construction is

$ -0-

[signature] 12/06/01
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

Prelininary Fee Required ____ Date ____
Preliminary Paid ____ Check # ____
Receipt # ____

Final Total Fee Required ____
Preliminary Paid ____ Date ____
Final Paid ____ Check# ____
Balance Due ____ 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.

12/6/01 - [illegible]

____
Office of Affordable Housing

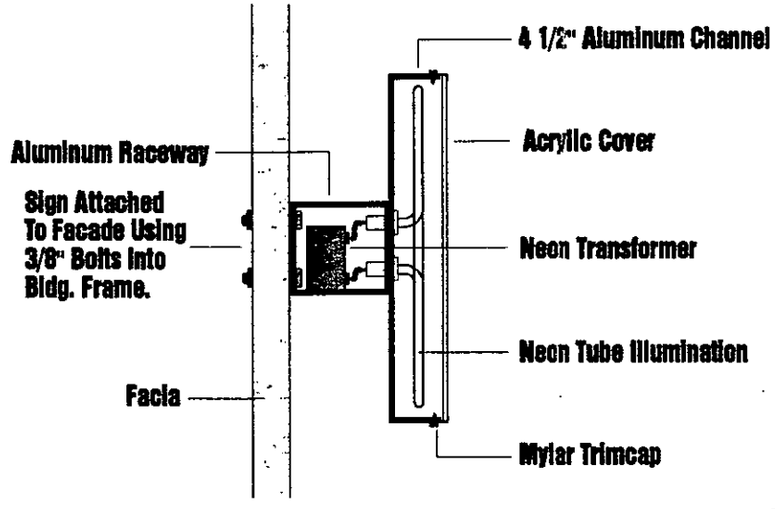
16'-0"

2'-0"

RE/MAX AWARD REALTORS

30'-0"

20'-0"



12-13-01 FM

MARK-O-LITE SIGN CO., INC.

Scale: - 0 -

Date: 11/28/01