

BLOCK 1149 LOT 4 QUALIF/CODE _____ ADDRESS (SITE) 133 Van Zile Rd PERMIT NO. 10-2178



CONSTRUCTION PERMIT APPLICATION

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

C-10-002576

I. IDENTIFICATION

1. Proposed Work Site at: 133 Van Zile Rd.
2. Name of Owner in Fee: C.B. Richard Ellis
Tel. (813) 222-0694 e-mail _____
Address 400 N. Ashley Dr. Tampa, FL 33602
street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: North Jersey Sign & Const. Tel. (856) 262-21699
Address 3040 Williamstown Rd. Franklinville, NJ 08322
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 26-9 2036103 FAX: (856) 262-0228
5. Architect or Engineer: Leon Skwinski Contact _____
Address 22 Meryl Lane, Cherry Hill, NJ e-mail 08002
Tel. (856) 313-7778 FAX: (_____) _____
6. Responsible Person in Charge once Work has Begun Donna Langei
Tel. (215) 788-3898 FAX: (215) 788-7588

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>15.1</u>		
2. Electrical	\$ <u>40.1</u>		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$ _____		
8. Subtotal	\$ _____		
9. State Permit Surcharge Fee			
10. Subtotal	\$ <u>86.1</u>		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>86.1</u>		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area - Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____
no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

(office use only)

IIa. PROPOSED WORK:

- | | | | |
|---|--|--|---|
| ☐ Minor Work | ☐ New Building | ☐ Addition | ☐ Demolition |
| ☐ Repair | ☐ Alteration | ☐ Renovation | ☐ Reconstruction |
| ☐ Asbestos Abat. -Subch. 8 | ☐ Lead Hazard Abatement | ☐ Radon Remediation | ☐ Annual Permit |

IIb. SUBCODES:

(Check all that apply)

- ☐ Building
☐ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
						Approval	Rejection

TOTAL COSTS

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group: _____
3. Change in Use Group, Indicate Former: _____

4. No. of dwelling units: All Units Income-restricted
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group: _____
3. Change in Use Group, Indicate Former: _____

C. MIXED USE -List secondary use(s):

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 | 4. ☐ Refrigeration Systems | 8. ☐ Smoke Control Systems in Open Wells |
| 2. ☐ High Pressure Boilers | 5. ☐ Cross-Connections/Backflow Preventers | 9. ☐ Underground Storage Tanks |
| 3. ☐ Pressure Vessels | 6. ☐ Hazardous Uses/Places of Assembly | 10. ☐ Swimming Pools, Spas and Hot Tubs |
| | 7. ☐ Sprinklers | |

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.ix:

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 Uniform Construction Code, N.J.A.C. 5:23-2.15(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 Donna Lange

Address 400 Mack Drive

Croydon, PA 19021

Telephone (215) 788-3898

Signature Donna Lange

III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

UCC/F-100
Professional Printing
(856) 468-7933



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 05/10/2011
Control Number C-10-002576
Permit Number 10-2178
Permit Issue Date 08/13/2010
Certificate Number 10-2178

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 133 VAN ZILE RD. Brick Township, NJ Block: 1149 Lot: 4 Qual: _____
Owner in Fee: FIRST FIDELITY BANK%WACHOVIA
Owner Address: P O BOX 36246 CHARLOTTE NC 28236
Telephone: _____
Contractor South Jersey Sign & Construction
Address 3046 Williamstown Road Franklinville NJ 08322
Telephone: (856) 262-2699 Fax: (856) 262-0228
License Number or Builders Registration Number: _____ Federal Emp. Number: 262036103
Home Warranty Number: _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group: B Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: SIGN INSTALLATION Wells Fargo Bank Sign

Certificate Comments:

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (_____ years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (_____ years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Date Printed: 05/10/2011 U.C.C. F260 (rev. 08/05)

Fee: \$0.00
Check Number: _____
Collected By: _____

Page 1



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

8/13/10
0-10-002576

10-2178

IDENTIFICATION Block: 1149 Lot: 4 Qualifier
Work Site Location: 133 VAN ZILE RD. Brick Township, NJ Contractor: South Jersey Sign & Construction
Address: 3046 Williamstown Road Franklinville NJ 08322
Owner in Fee: FIRST FIDELITY BANK%WACHOVIA
P O BOX 36246 CHARLOTTE NC 28236 Telephone: (856) 262-2699
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 262036103

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

SIGN INSTALLATION

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 \$50,663

Construction Official

Date

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$75
Electrical	\$40
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$86
CO Fee	
Other	\$0
Total	\$201
Check No.	
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

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

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

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode. 2178 275.00
2. Foundations and all walls up to grade level prior to back filling. ELECTRIC 40.00
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material. DCA 86.00
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment. 201.00

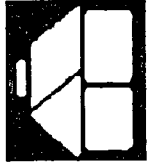
Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- ☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".
- ☒ A complete copy of released plans must be kept on the job site.
- If you do not understand any of this information, please ask.



BUILDING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

10-2178
8/13/10

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

Block 1149 Lot 133 Van Zile Rd. Qualification Code _____
Work Site Location BRICK, NJ, 08724
Owner in Fee: C.B. Richard Ellis e-mail _____
Tel. (813) 222-0644
Address 440 N. Ashley Dr., Tampa, FL, 33602
Contractor: South Jersey Sign & Const. Tel. (856) 262-2699
Address 4046 Williamson Rd., Frankford, NJ, 08322
Contractor License No. or Builder Registration No. _____ Exp. Date _____
Federal Emp. ID No. 26-2036103 FAX: (856) 262-0728

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSECTIONS		Dates (Month/Day)	
				Type:	Failure	Approval	Initial
☒	No Plans Required						
☒	All	8/13/10		Footings			
☐	Footings			Footings Bonding			
☐	Foundation			Foundation			
☐	Frame			Slab			
☐	Other			Frame			
☐	Truss Sys./Bracing			Truss Sys./Bracing			
☐	Barrier-Free			Barrier-Free			
[Joint Plan Review Required]				Insulation			
[] Elec. [] Plumb. [] Fire [] Elevator				Finishes -Base Layer			
				Finishes -Final			
				Energy			
				Mechanical			
				TCO			
				Other			
				Final			
				Barrier-Free			

SUBCODE APPROVAL
[] CO 5/3/11 [] CO 5/3/11
Date: 5/3/11
Approved by: HA

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. \$ 50,110,318.5
2. Rehabilitation \$ 50,110,318.5
3. Total (1+2) \$ 50,110,318.5

G. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the agent of owner, of record and am authorized to make this application.

Donna J. Angel
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Sign Installation
Pylon 75'x8'
Channel Letters
40' x 29.3'
(2) Directionals 2.76'
Do Not Enter 6.25'

TYPE OF WORK:

☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☒ Fence
☒ Sign 156.07 Sq. Ft.
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Radon Remediation
☐ Other
☐ Demolition

FEE (Office Use Only)

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

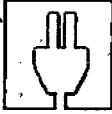
UCC/F-110 (REV. 08/05)
Professional Printing
(609) 468-7933

1. White-Inspector copy
2. Canary-Applicant copy
3. Pink-Office copy
4. White Tag- Office copy



ELECTRICAL SUBCODE TECHNICAL SECTION

ST 10-69



Date Received
Control #
Date Issued
Permit #

10-2178
8/13/10

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

Block 1149 Lot 4 Qualification Code _____

Work Site Location 135 Van Zile Rd.

Owner in Fee CLB, Richard Ellis

Address 400 N. Ashby Drive

Tampa, FL 33602

Tel. (813) 222-0694

Contractor S.T. Electric Inc.

Address 829 Beechwood Avenue

Cherry Hill, NJ 08002

Tel. (856) 616-1231 FAX (856) 616-1250

Contractor License No. 15124 Exp 03/12

Federal Emp. No. 75-3057341

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 560.00

Wes Bros

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)		
[] No Plans Required			Type:	Failure	Approval	Initial
Joint Plan Review Required:			Rough			
[] Building [] Plumbing			Barrier - Free			
[] Fire [] Elevator			Trench			
[] Elec. Plans Approved			Temp. Serv.			
			Constr. Serv.			
			TCO			
			Other			
			Service			
			Final			
			Barrier-Free			
			Temp. Cut-in-Card Date Issued			
			Final Cut-in-Card Date Issued			
			Annual Pool Inspection			
			Date of Grounding and Bonding Certificate			

Date: 8-12-10
Approved by: [Signature]

SUBCODE APPROVAL
[] CO [] CCO [] CA

Date: 8/13/10
Approved by: [Signature]

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am (agent) 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

[X] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr'r [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

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

Storage Pool/Hot Tub

KW Elec. Ranger/Receptable

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptable

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

KW Elec. Sign/Outline Light

3 12

FEE (Office Use Only)

Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$



Receipt

Payment Date 08/13/2010

Transaction # PMT-10-04417

Receipt #

Issued To Service Select, Inc.

Description Sign Installation

Date Printed 08/13/2010

Check Number 5451

Cash \$0.00

Check \$50.00

Charge \$0.00

Total Paid \$50.00

08/13/10 3:41PM 001558#0165

XX01 SERV.001

#04417

ZPA

CHECK

\$50.00

\$50.00



Brick Township
Community Development and Land Use
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1027 Fax(732) 262-2941

Application Date:	07/13/2010
Application Number:	ZA-10-00707
Permit Number:	
Project Number:	
Fee:	\$50

Denial of Application

Date: 07/19/2010

To: Donna Langel; Service Select, Inc.
400 Mack Drive
Croydon, PA 19021

RE: 133 VAN ZILE RD.
Block: 1149 Lot: 4 Qual: Zone: B-3

Dear Ms. Langel,
Your request is hereby denied based upon the following requirements:

A variance and site plan must be approved by the Planning Board.

The Township Codes no longer permits ground signs up to 75 square feet in the B-3 Zone. A copy of the current Code section is enclosed.

The ground sign may be replaced without Planning Board approval only if the new sign is the exact same size and location.

Sincerely,


Sean Kinnevy, Zoning Officer

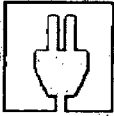
facade area shall be used for the purpose of calculating the permissible sign area. The sign may be illuminated.

- [2] One identification projecting sign which does not exceed a total of 12 square feet in area on either side. The sign may be illuminated.
 - (b) One identification monument sign which does not exceed a total of 40 square feet in area on either side nor exceed a height of 12 feet. The sign may be illuminated, but shall not be located closer than 10 feet to any property line.
 - (c) In buildings occupied by three or more commercial or industrial activities, one illuminated directory of occupants sign not exceeding eight square feet in area on either side may be permitted. Such sign may be erected as a wall, projecting or ground sign, provided that not more than one projecting or ground sign shall be permitted on any building.
- (6) The following signs are permitted in the B-3 and B-4 Business Zones:
- (a) The following signs may be permitted on each building or each portion of a building occupied by separate commercial enterprises:
 - [1] One identification wall sign may be erected on one facade of a building, provided that the sign shall not exceed an area equal to 15% of the area of the facade upon which it is erected. In the case of a commercial use located on the ground floor of a multistory building, only the first-floor facade area shall be used for the purposes of calculating the permissible sign area. The sign may be illuminated.
 - [2] One identification projecting sign which does not exceed a total of four square feet in area on either side. The sign may be illuminated.
 - (b) In a proposed development in the B-3 Zone, an identification monument sign not greater than 50 square feet in area on either side, having a height not greater than 15 feet, which designates the name of the center or its occupants, or both, may be erected. Such sign may be illuminated but shall not be located closer than 15 feet to any property line.
 - (c) In a planned shopping center, one identification monument sign not greater than 200 square feet of area on either side and having a maximum height of 20 feet which designates the name of the center, its occupants, or both may be erected for each 500 feet of frontage, provided that such signs are located at least 300 feet apart. Such sign may be illuminated but shall not be located closer than 25 feet to any property line nor closer than 200 feet to a residential zone.
- (7) The following signs are permitted in the M-1 Industrial Zone:
- (a) One of the following signs may be permitted on each building:
 - [1] One identification wall sign may be erected on one facade of a building, provided that the sign shall not exceed an area equal to 15% of the area



ELECTRICAL SUBCODE TECHNICAL SECTION

ST 10-69



Date Received
Control #
Date Issued
Permit #

10-2178
8/13/10

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

Block 1142 Lot 4 Qualification Code _____
 Work Site Location 133 Van Zile Rd.
 Owner in Fee C.E. Kitchin & Sons
 Address 133 Van Zile Rd.
 Tel. (856) 616-1231 FAX (856) 616-1250
 Contractor License No. 15124 EXP 03/12
 Federal Emp. No. 75-3057341

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary _____
 Building Occupied as _____ Utility Co. _____
 Est. Cost of Elec. Work \$ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
	Date	Initial	Type:	Failure	Approval
☐ No Plans Required			Rough		
Joint Plan Review Required:			Barrier - Free		
☐ Building			Trench		
☐ Fire			Temp. Serv.		
☒ Elec. Plans Approved			Constr. Serv.		
Date: <u>8-12-10</u>			TCO		
Approved by: <u>DT</u>			Other		
			Service		
			Final		
			Barrier-Free		
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued		
☐ CO	☐ CCO	☐ CA	Final Cut-in-Card Date Issued		
Date:			Annual Pool Inspection		
Approved by:			Date of Grounding and Bonding Certificate		

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 4 Gold = Applicant Copy

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am (agent/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 Elec. Contractor ☐ Certif'd Landscape Irrigation Contr'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
_____	_____	Lighting Fixtures
_____	_____	Receptacles
_____	_____	Switches
_____	_____	Detectors
_____	_____	Light Poles
_____	_____	Motors - Fract. HP
_____	_____	Emergency & Exit Lights
_____	_____	Communications Points
_____	_____	Alarm Devices/F.A.C. Panel

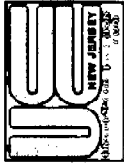
TOTAL NUMBERS

_____	Pool Permit/with UW Lights
_____	Storable Pool/Hot Tub
_____	KW Elec. Ranges/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 1/4 HP
_____	KW Transformer/Generator
_____	AMP Service
_____	AMP Subpanels
_____	AMP Motor Control Center
_____	KW Elec. Sign/Outline Light

2 12

FEE (Office Use Only)

Administrative Surcharge \$
 Minimum Fee \$
 State Permit Surcharge Fee \$
 TOTAL FEE \$



ELECTRICAL SUBCODE TECHNICAL SECTION

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

Block 1149 Lot 4 Qualification Code _____

Work Site Location 135 VAN ZILE RD

Owner in Fee 135 VAN ZILE RD

Address 135 VAN ZILE RD

Tel. () _____

Contractor S.T. Electric Inc.

Address 829 Beechwood Avenue

Cherry Hill, NJ 08002

Tel. (856) 616-1231 FAX (856) 616-1250

Contractor License No. 15124 EXP 03/11

Federal Emp. No. 75-3057341

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW _____ Date _____ Initial _____

[] No Plans Required _____

Joint Plan Review Required: _____

[] Building [] Plumbing _____

[] Fire [] Elevator _____

[] Elec. Plans Approved _____

Date: 8-12-10

Approved by: [Signature]

SUBCODE APPROVAL _____

[] CO [] CCO [] CA _____

Date: _____

Approved by: _____

Annual Pool Inspection _____

Date of Grounding and Bonding _____

Certificate _____

Barrier-Free _____

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Barrier-Free _____

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Barrier-Free _____

Temp. Cut-in-Card Date Issued _____

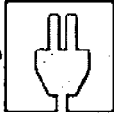
Final Cut-in-Card Date Issued _____

Barrier-Free _____

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

ST 10-69



Date Received
Control #

Date Issued
Permit #

10-2178
8/13/10

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am (agent) 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 Elec. Contractor [] Certif'd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

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/Hot Tub _____

KW Elec. Ranges/Receptable _____

KW Oven/Surface Unit _____

KW Elec. Water Heater _____

KW Elec. Dryer/Receptable _____

KW Dishwasher _____

HP Garbage Disposal _____

KW Central A/C Unit _____

HP/KW Space Heater/Air Handler _____

KW Baseboard Heat _____

HP Motors 1/4 HP _____

KW Transformer/Generator _____

AMP Service _____

AMP Subpanels _____

AMP Motor Control Center _____

KW Elec. Sign/Outline Light _____

1.2

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



BUILDING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

10-2178
8/13/10

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

Block 1149 Lot 4 Qualification Code _____
Work Site Location 133 VAN ZILE RD.
WICK, N.J. 08724
Owner in Fee: DR. KENNETH ELLIS e-mail _____
Tel. (813) 222-6644
Address 410 N. HANLEY DR., TAMPA, FL 33602
Contractor: South Jersey Sign & Const. Tel. (856) 261-1699
Address 4046 WILLIAMSON RD., PISCATAWAY, N.J. 08832
Contractor License No. or Builder Registration No. _____ Exp. Date _____
Federal Emp. ID No. 26-2030103 FAX: (856) 262-0178

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
Use Group	Present	Type	Failure	Approval	Initial
☒ No Plans Required		Footings			
☒ All <u>8/13/10</u>		Footings Bonding			
☐ Footings		Foundation			
☐ Foundation		Slab			
☐ Frame		Frame			
☐ Other		Truss Sys./Bracing			
Joint Plan Review Required:		Barrier-Free			
☐ Elec.	☐ Plumb.	Insulation			
☐ Fire	☐ Elevator	Finishes -Base Layer			
SUBCODE APPROVAL		Finishes -Final			
☐ CO	☐ CCO	Energy			
☐ CA		Mechanical			
Date:		TCO			
Approved by:		Other			
		Final			
		Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class			1. New Bldg. - \$
No. of Stories			2. Rehabilitation \$ <u>50,163.85</u>
Height of Structure			3. Total (1+2) \$ <u>50,163.85</u>
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

G. 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

Sign Installation
Pylon 75' x
Channel Letters
40' x 29.3' x
(2) Directionals 2.76' x
Do Not Enter 6.25' x

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☒ Sign 156.07 Sq. Ft.
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Ház. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

Administrative Surcharge \$	
Minimum Fee \$	
State Permit Surcharge Fee \$	
TOTAL FEE \$	

UCCF-110 (REV. 08/05)
Professional Printing
(609) 468-7933

1. White-Inspector copy
2. Canary-Applicant copy
3. Pink-Office copy
4. White Tag- Office copy



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

10-2178
8/13/10

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

Block 1124 Lot 135 VAN ZILE RD. Qualification Code _____
Work Site Location BRICK, N.J. 08724
Owner In Fee: U.B. KIRKMAN & SONS e-mail _____
Tel. (813) 222-6664
Address 466 N. HAWKEY DR., TAMPA, FL. Zip Code 33602
Contractor: South Jersey Sign & Const. Tel. (850) 261-2699 Zip Code _____
Address 440 Williamstown Rd., Piquetteville, NJ. City 08572
Contractor License No. or Builder Registration No. _____ Exp. Date _____
Federal Emp. ID No. 26-1636163 FAX: (850) 262-6118

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
☒ No Plans Required			Type: Footing				
☒ All 8/13/10			Footing Bonding				
☐ Footing			Foundation				
☐ Foundation			Slab				
☐ Frame			Frame				
☐ Other			Truss Sys./Bracing				
Joint Plan Review Required:			Barrier-Free				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation				
SUBCODE APPROVAL			Finishes - Base Layer				
☐ CO ☐ CCO ☐ CA			Finishes - Final				
Date: _____			Energy				
Approved by: _____			Mechanical				
			TCO				
			Other				
			Final				
			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ _____
No. of Stories	_____	_____	2. Rehabilitation \$ <u>50,163.05</u>
Height of Structure	_____ Ft.	_____ Ft.	3. Total (1+2) \$ <u>50,163.05</u>
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
Sign Installation
Pylon 75'x
channel letters
40'x + 29.3'x
(2) Directionals 2.76'x
Do Not Enter 6.25'x

TYPE OF WORK:

☐ New Building	☐ Addition	☐ Rehabilitation	☐ Roofing	☐ Siding	☒ Fence	☐ Sign	☐ Pool	☐ Asbestos Abatement Subchapter 8	☐ Lead Haz. Abatement NJAC 5:17	☐ Radon Remediation	☐ Other	☐ Demolition
Height (exceeds 6') _____ Sq. Ft. _____												

FEE (Office Use Only)

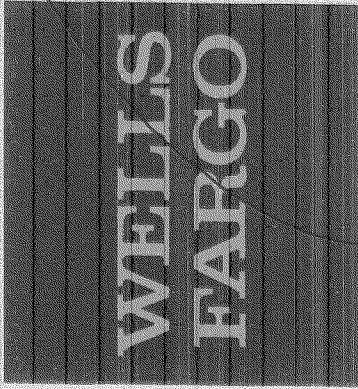
Administrative Surcharge \$ _____	Minimum Fee \$ _____	State Permit Surcharge Fee \$ _____	TOTAL FEE \$ _____
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UCC/F-110 (REV. 08/05)
Professional Printing
(609) 488-7933

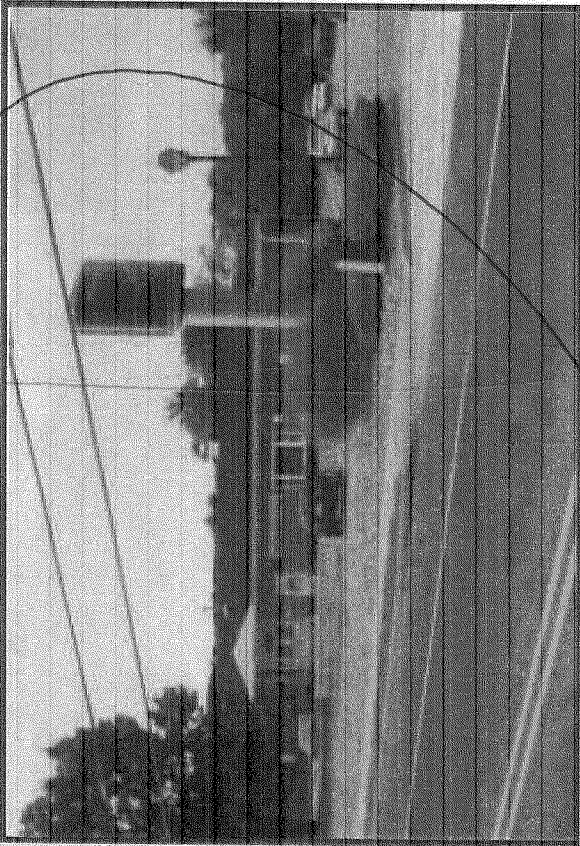
1. White-Inspector copy
2. Canary-Applicant copy
3. Pink-Office copy
4. White Tag- Office copy

DATE

JOB CONDITION / COMMENTS



before



after



PID # 285353
133 Van Zile Rd.
Brick, NJ 08724

APPROVED FOR ZONING ONLY
SARAH WYNN ZONING OFFICER

JUL 13 2010

 **SERVICE SELECT INC**
LLP

400 MACK DRIVE CROYDON, PA 19021
PHONE: 215.788.3898 FAX: 215.788.7588

JUL 07 2010

CODE & BRANDING UTILIZATION

Ground Signs		Allowed by Code	Currently Installed	Current % Utilized	Proposed	Proposed % Utilized	(Delta)
Height (ft.):		25	17.25	69%	24	96%	27%
Number:		1	1	100%	1	100%	0%
Square Footage (ft.):		75	39.1	52.1%	75	100%	48%
Wall Signs		Allowed by Code	Currently Installed	Current % Utilized	Proposed	Proposed % Utilized	(Delta)
Height (ft.):		roofline	2.8	N/A	4	N/A	N/A
Number:		1	2	200%	2	200%	0%
Square Footage (ft.):		UTD*	53	N/A	69.3	N/A	N/A
Total Signage		Allowed by Code	Currently Installed	Current % Utilized	Proposed	Proposed % Utilized	(Delta)
Number:		2	3	150%	3	150%	0%
Square Footage (ft.):		UTD*	92.1	N/A	144.3	N/A	N/A

Additional Code Information

Directional Information:

Window Signage Count Against Sq. Ft.:

Set Back Restrictions:

Permit Information:

Other:

Height Allowed: - 3'

Yes/No: - No

Pylon: - 25' from ROW

Contact: Donna Laburto-732.262.1042

*15% of wall

Number Allowed: Not spec

% of Window Allowed to be Used: Not spec

Directional: Out of ROW

Cost: \$100+zoning fee

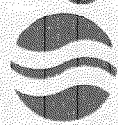
Sq. Ft. Allowed: - 3sf

Expiration Date: - Not spec

Cost to Renew: - Not spec

APPROVED FOR ZONING ONLY
SEAN KINNEY, ZONING OFFICER
JUL 13 2010

Branding Rationale / Comments

**SERVICE SELECT INC**
WEENUCertified
400 MACK DRIVE CROYDON, PA 19021
PHONE: 215.788.3898 FAX: 215.788.7588

Project Manager: EAO

Designer: Lv R2 07-2-10 BKW

REVISIONS

Drawing # SS36088-R2

PID # 285353

Location: Brick, NJ

Address: 133 Van Zile Rd

Date: 07.02.10

Art Dept: Corel Colors/Wells Fargo



before



after



Office
Set

PID # 285353
133 Van Zile Rd.
Brick, NJ 08724



SERVICE SELECT INC.
3000 N. Central

400 MACK DRIVE CROYDON, PA 19021
PHONE: 215.789.3698 FAX: 215.788.7588

TOWNSHIP OF BRICK
RELEASED FOR PERMIT

INITIAL DATE

Building Subcode
Fire Subcode
Electrical Subcode
Plan Reviewer
Plans Released

8/13/10

Construction Official

APPROVED FOR ZONING JW
SEAN KINNEVY, ZONING OFFICER

AUG 03 2010

AUG 10 2010

SEA

CODE & BRANDING UTILIZATION

Ground Signs		Allowed by Code	Currently Installed	Current % Utilized	Proposed	Proposed % Utilized	(Delta)
Height (ft.):		15	17.25	115%	14'-0"	93%	-22%
Number:		1	1	100%	1	100%	0%
Square Footage (ft.):		50	39.1	78%	34	68%	-10%
Wall Signs		Allowed by Code	Currently Installed	Current % Utilized	Proposed	Proposed % Utilized	(Delta)
Height (ft.):		roofline	4'-0"	N/A	4'-1"	N/A	N/A
Number:		1	2	200%	2	200%	0%
Square Footage (ft.):		UTD*	53.1	N/A	69.3	N/A	N/A
Total Signage		Allowed by Code	Currently Installed	Current % Utilized	Proposed	Proposed % Utilized	(Delta)
Number:		2	3	150%	3	150%	0%
Square Footage (ft.):		UTD*	92.2	N/A	103.3	N/A	N/A

Additional Code Information

Directional Information:	Height Allowed: - 3'	Number Allowed: Not spec	Sq. Ft. Allowed: - 3sf
Window Signage Count Against Sq. Ft.:	Yes/No: - No	% of Window Allowed to be Used:	Not spec
Set Back Restrictions:	Pylon: - 15'-0" from property line	Directional: Out of ROW	
Permit Information:	Contact: - Donna Laburtto-732.262.1042	Cost: \$-100+zoning fee	Expiration Date: - Not spec
Other:	*15% of wall		
		Cost to Renew: - Not spec	

Branding Rationale / Comments

Due to a change in Township Codes, ground signs up to 75 SQ. FT. in the B-32 zone are no longer permitted.
Proposed pylon now resized to a P-34 to be code compliant.



400 MACK DRIVE CROYDON, PA 19021
PHONE: 215.788.3898 FAX: 215.788.7588

Project Manager: EAO	Designer: Lv
	R2 07-2-10 BKW
	R3. Changes as per CBRE 07.26.10
	Lv
	X
	X
	X

Drawing #
SS36088-R3
PID # 285353

Location: Brick, NJ
Address: 133 Van Zile Rd
Date: 07.02.10
ArtDept/Carol Colers,Wells Fargo

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

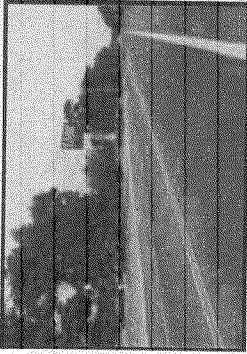
AUG 10 2010
[Signature]

EXTERIOR SITE PLAN

Sign	Existing Sign	SF	Recommended Sign	SF	Qty.
E01	Pylon	39.1	P-34	34	1
E02	Wall Cabinet	24.1	CHRW-21-ST	40.0	1
E03	Plate Letterset	29	CHRW-18-ST	29.3	1
E04	ATM Cabinet	3.3	ATM-RF	3.3	1
E05	Directional Sign	5	DS-20-36	2.77	1
E06	Directional Sign	5	DS-20-36	2.77	1
E07	Directional Sign	5	DOT-DNE	6.25	1
E08	Clearance Sign	1.5	DCS	4.11	1
E09	Clearance Sign	4	DCS	4.11	1
E10	Wall Plaque	1.5	Entry Door ID	1.75	1
E11	NEW	-	DWS	10	1
E12	Informational Sign	3	Remove	-	1
E13	Informational Sign	3	Remove	-	1

Sign	Bagging Required	Qty.
E01B	P-34-Bagging	2
E02B	CHRW-21-ST-BNR	1
E03B	CHRW-18-ST-BNR	1
E10B	Entry Door ID-Cling	1
E11B	DWS-Cling	1

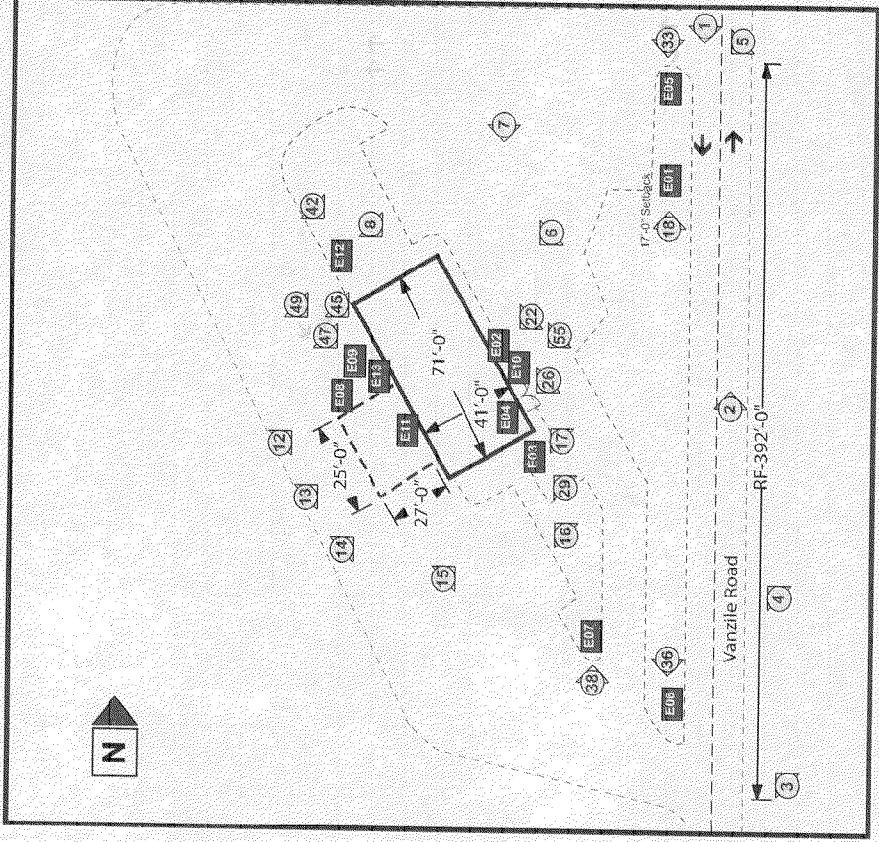
E01



E02



E03



400 MACK DRIVE CROYDON, PA 19021
PHONE: 215.788.3898 FAX: 215.788.7588

REVISIONS

Project Manager: EAO

Designer: Lv

R2 07-2-10 BKW

R3: Changes as per C88E 07-25-10 Lv

X

X

X

Drawing #

SS36088-R3

Location: Brick, NJ

Address: 133 Van Zile Rd

Date: 07.02.10

ArtDept Corel Colors Wells Fargo

PID # 285353

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

AUG 10 2010

5/28