BLOCK 701.39 LOT 12 QUALIFICATION CODE C13-39 ADDRESS (SITE) 346 Chambers Bridge Rd. PERMIT NO. 00-4831

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 346 Chambersbridge Rd Brick High School
2. Name of Owner in Fee: Brick Board of Ed Tel. (732) 262-2626
   Address 101 Hendrickson Ave (street) Brick (municipality) NJ. 08724 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Girtain Sign Co. Tel. (732) 349-8499
   Address 1765 Rt 9 Toms River NJ 08755
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 223305786 FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work Andrew Girtain
   Tel. (732) 349-8499 FAX (732) 505-3693

RECEIVED DEC 13 2000

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ EXEMPT		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

APPROVED BY CEO/AI DATE 12/14/00 NO FEE REQUIRED

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

	Est. Cost	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
1. ☐ Minor Work									
2. ☐ New Building		AI CWS	12/13/00		12-22-00	FW	3/6/01		
3. ☐ Addition	~~9000~~ 9000								
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☒ Electrical	500				12/26/00				
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		No Elev	12/14/00		12/14/00				
TOTAL COSTS	~~9000~~ 9500								

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

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction
After Construction
Net Gain or Loss

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group: B E
3. Change in Use Group, Indicate Number:

IMPORTANT MANDATORY FEE A.B.T.

12/27/00

LDS BR 10503552

U.C.C. F100-1 (rev 3/96)

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 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 Certain Sign Company

Address 1765 Rt 9 Toms River NJ 08755

Telephone (732) 349-8499

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 12/28/2000
Control #
Permit # 00-4831

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 701.39 Lot 12 Qual

Work Site Location 346 CHAMBERSBRIDGE RD
SIGN
Owner in Fee BRICK BOARD OF EDUCATION
Address 101 HENDRICKSON AVE
BRICK, NJ 08723-
Telephone (732)262-2626

Contractor GIRTAIN SIGN CO.
Address 1765 RT 9
TOMS RIVER, NJ 08753-
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3305786

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
DOUBLE FACE INTERNALLY ILLUMINATED SIGN TO REPLACE THE EXISTING 29' SETBACK FROM THE CURB

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 $ 9,500

Construction Official

12/28/2000
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	0
Check No.	
Cash	
Collected By	

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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 12/28/00
Control #
Permit # 00-4831

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

Block 701.39 Lot 12
Work Site Location Brick High School 346 Chambers Bridge Rd Brick NJ 08724
Owner in Fee/Occupant Brick Board of Ed
Address 101 Hendrickson Ave Brick NJ 08724

Tele. (732) 262-2626
Contractor K. J. McKeon, Inc
Address 600 Union Ave, P.O. Box 125 Belle, N.J. 08730
Tele. (732) 223-8167 Fax (732) 223-4639
Lic. No. 8513
Federal Emp. No. 22-3127724

B. ELECTRICAL CHARACTERISTICS

Use Group Present B Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 500.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 12/26/00
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
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.

Applicant's Signature/~~Contractor's Seal and Signature~~

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

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

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

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 12/13/2000
Date Issued 12/28/2000
Control #
Permit # 00-4831

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

Block 701.39 Lot 12 Qual
Work Site Location 346 CHAMBERSBRIDGE RD
SIGN
Owner in Fee BRICK BOARD OF EDUCATION
Address 101 HENDRICKSON AVE
BRICK, NJ 08723-
Tele.(732)262-2626 Fax ( )
Contractor MAINTENANCE DEPT
Address 346 CHAMBERSBRIDGE RD
BRICK, NJ 08723-
Tele.(732)262-2626
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 26-22626

Change of Contractor 0-4-09-01

B. ELECTRICAL CHARACTERISTICS

Use Group - Present E Proposed E
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 500

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:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const 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.

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

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
1	8	KW Elect Sign/Outline Light	9
		Other	0
		Other	0

WORK LOCATION
3-6-03
TO

Administrative Surcharge	$	0
Minimum Fee	$	26
TOTAL FEE	$	0
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 12/28/00
Control #
Permit # 00-4831

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

Block 701.39 Lot 12
Work Site Location Brick High School 346 Chambers Bridge Rd.
Owner in Fee Brick Board of Education
Address 101 Hendrickson Ave. Brick NJ. 08724
Tele. (732) 262-2624
Contractor Certain Sign Co.
Address 1265 Rt 9 Toms River NJ. 08755
Tele. (732) 349-8499
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 223305786 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

64 Sq. ft Double face internally illuminated Sign to replace the existing. 29' setback from the curb.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
				Dates (Month/Day)			
[ ] No Plans Req.			Type:				
[X] All	12-12-00	FM	Footing			3-12-01	
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [X] CA			TCO				
Date: 3-6-03			Other				
Approved By: FM			Final			3-6-03	FM

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[X] Sign 64 Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other _____
[ ] Other _____
[ ] Demolition

(Office Use Only)
FEE
$ _____

B. BUILDING CHARACTERISTICS

Use Group	Present E B B	Proposed B E
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 $ 9000.-
3. Total (1+2) $ 9000.-

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
ZONING PERMIT

Permit Approved: December 14, 2000 **2000-1842**

Block: 701.39 **Lots:** 12 **Zone:** B-2, General Business

Property Address: 346 Chambers Bridge Road

Owner:: Brick Township Board of Education **Phone: 349-8499**

Applicant: Andy Girtain

Existing Use: Brick Township High School

Proposed Use: Brick Township High School

Proposed Construction: Replace identification ground sign to original size,64 square feet

Conditions: Same size as original sign and same location as existing sign

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

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DEC 13 2000

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

ZONING

BLOCK 701.31 LOT 12

PROPERTY ADDRESS (number and street): ~~1600~~ 346 Chambers Bridge Rd.

NAME OF PROPERTY OWNER Brick Board of Education

PERSONAL NAME OF APPLICANT Andy Girtain

BUSINESS NAME OF APPLICANT Girtain Sign Company

MAILING ADDRESS OF APPLICANT 1765 Rt 9 Toms River NJ 08755

TELEPHONE NUMBER OF APPLICANT 732-349-8499

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

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

PROPOSED CONSTRUCTION (please describe, specifically additions)
64 Sq Ft Double Face internally illuminated sign to replace the existing sign. 29' set back from curb same as existing. look to drawings.

All dimensions: 100" Width 96" Length 14'8" Height overall as shown on sketch.

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 _____ Date 12-13-00

Reviewed by Zoning Officer _____ Date 12-14-00 (☒) Approved ( ) Rejected

RECEIVED
DEC 13 2000

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

ZONING

BLOCK 701.31 LOT 12

PROPERTY ADDRESS (number and street): ~~Off~~ 346 Chambers Bridge Rd.

NAME OF PROPERTY OWNER Brick Board of Education

PERSONAL NAME OF APPLICANT Andy Girtain

BUSINESS NAME OF APPLICANT Girtain Sign Company

MAILING ADDRESS OF APPLICANT 1765 Rt 9 Toms River NJ 08755

TELEPHONE NUMBER OF APPLICANT 732-349-8499

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

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

PROPOSED CONSTRUCTION (please describe, specifically additions)
64 Sq. Ft Double Face internally illumated sign to replace the existing Sign. 29' set back from curb same as existing. look to drawings.

All dimensions: 100" Width 96" Length 14'8" Height overall as shown on sketch.

All dimensions: _____ Width _____ Length _____ Height

All dimensions: _____ Width _____ Length _____ Height

Deck or Garage: _____ Attached _____ Detached _____ Height

Fence: _____ Style _____ Material _____ Height

CHECKLIST:

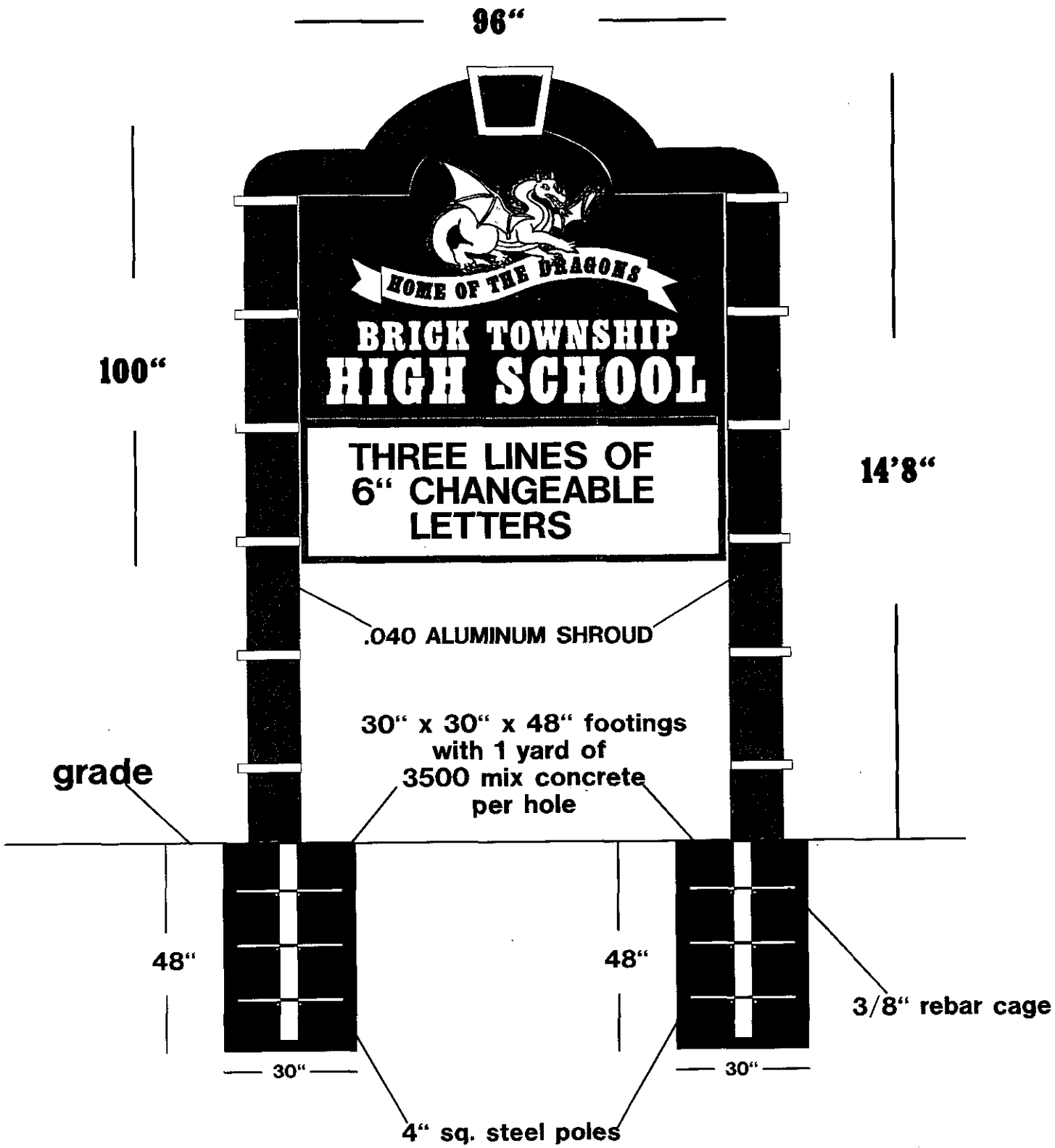
- ☑ All information completed above
- ☑ Two (2) copies of the property survey map containing:
- ☑ All existing and proposed structures
- ☑ All dimensions of the lot and structures
- ☑ All setbacks from the structures to the property lines
- ☐ All adjacent streets and waterways
- ☐ If applicable, include 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 _____ Date 12-13-00

Reviewed by Zoning Officer _____ Date 12-14-00 (☒) Approved ( ) Rejected

29' setback from curb. "Same as existing"
Double Face, internally Illuminated



GIRTAIN SIGN CO.
1765 ROUTE 9
TOMS RIVER, NJ 08755

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK _____ LOT _____ SITE ADDRESS _____
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS _____

APPLICANT _____ PHONE NUMBER _____
APPLICANT ADDRESS _____ CITY & STATE _____
PERMIT # _____ NAME OF BUSINESS _____

INCLUSIONARY DEVELOPMENT

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

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

X Commercial is .01 %

Estimated Assessment $ N/A Date 1-30-07

Estimated Required Fee $ N/A

Required Deposit on Estimate $ N/A Date _____

Check # _____ Receipt # _____

Actual Assessment $ _____ Date _____

Actual Required Fee $ _____

Minus Deposit of Estimate $ _____

Balance Due $ _____ Date _____

Check # _____ Receipt # _____

Amount Paid In Full $ _____

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

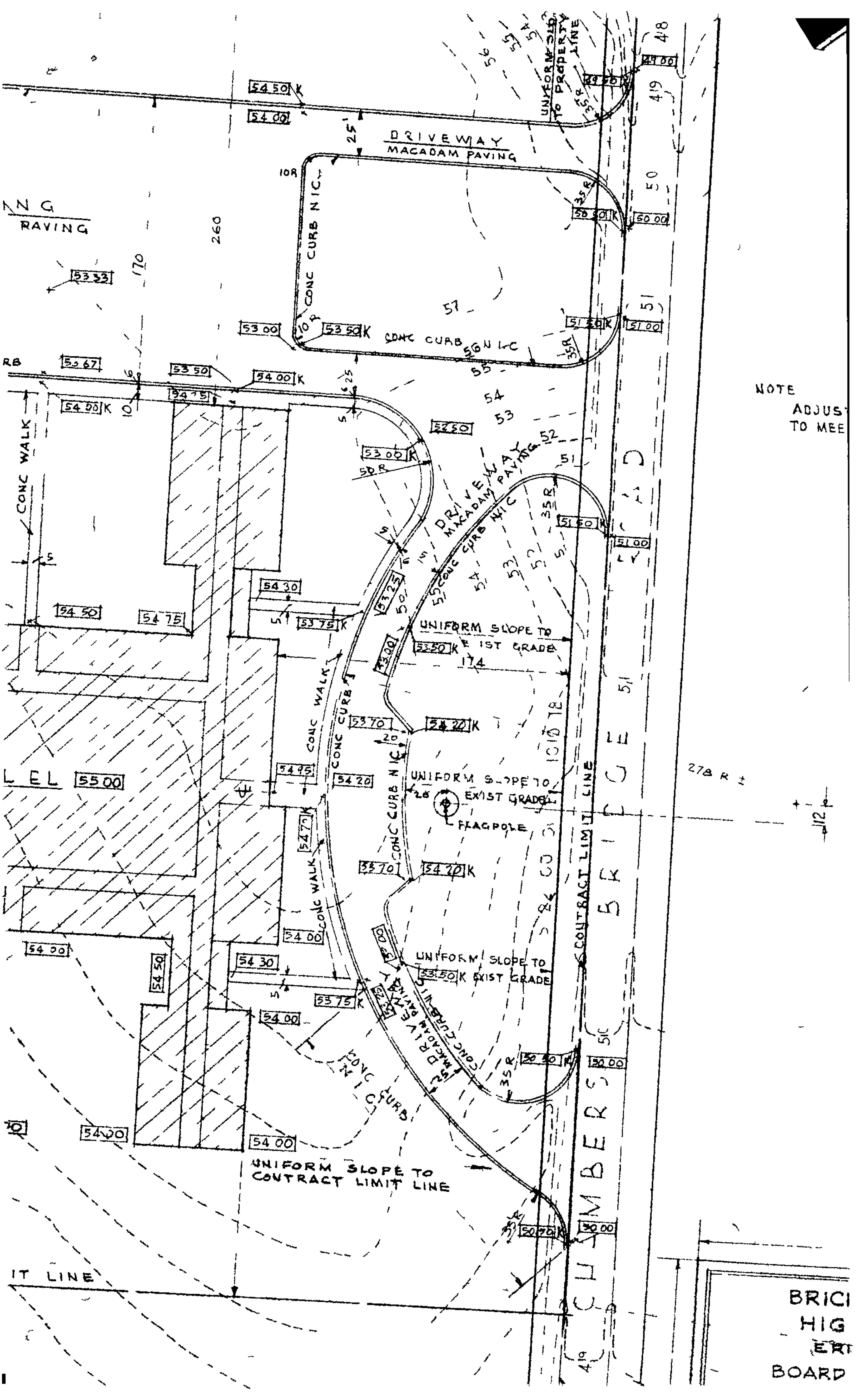
I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

NO FEE REQUIRED

APPROVED BY _____ DATE 1/30/07

Carol A. Wolfe
Affordable Housing Administrator

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


DRIVEWAY
MACADAM PAVING
CONC CURB N.I.C.
CONC CURB
CONC WALK
UNIFORM SLOPE TO PROPERTY LINE
UNIFORM SLOPE TO EXIST GRADE
UNIFORM SLOPE TO CONTRACT LIMIT LINE
CONTRACT LIMIT LINE
FLAGPOLE
CHAMBERS BRIDGE ROAD
RAVING
54.50 K
54.00
53.33
53.00
53.50 K
53.67
53.50
54.00 K
54.25
54.50 K
53.00 K
53.25
53.30
53.75 K
54.30
54.50
54.75
55.00
54.95
54.20
53.70
54.20 K
54.70
54.00
53.50 K
49.00
49.50
50.00
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51.00
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50.00
50.70 K
35R
10R
50R
278 R
174
260
170
NOTE
ADJUS
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BRIC
HIG
BOARD
IT LINE

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 346 CHAMBER BRIDGE RD.
Block: 701.39 Lot: 12
Owner's Name: BOARD OF ED BRICK
Owner's Mailing Address:

Phone: ( )

BUILDING

Contractor:
Address:

Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present: Proposed:
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed:

Cost of Alteration:

Cost of New Building:

Total Cost of Building Work:

Signature:

Please Print Name

ELECTRICAL

Contractor: BRICK TOWN SCHOOLS
Address: 346 CHAMBERS Bridge Rd
BRICK N.J. 0873
Phone#: 262-2626
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	

Other:

Estimated Cost of Electrical Work:

Signature:

Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____

_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures Quantity

Water Closets_____
Urinals/Bidets_____
Bath Tub_____
Lavatory_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Water Cooled A/C or Refrig. Unit_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Other:

Estimated Cost of Plumbing Work_____

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____

_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____

Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances_____

Furnace_____
Gas/Wood Fireplace_____
Gas Logs_____
Wood Burning Stove_____
Other:

Estimated Cost of Fire Work_____

Signature:_____

Print Name:_____