



# CONSTRUCTION PERMIT APPLICATION

09-003040

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

**I. IDENTIFICATION**

1. Proposed Work Site at: Drum Point Elementary School - 41 Drum Pt. Rd.

2. Name of Owner in Fee: Brick Township Board of Education  
 Tel. (732) 786-3000 e-mail www.brickschools.org  
 Address 101 Hendrickson Avenue, Brick, NJ 08724

3. Ownership in Fee: Public Private municipality zip code

4. Principal Contractor: Brick Board of Ed Tel. (732) 262-2625  
 Address 101 Hendrickson Ave e-mail \_\_\_\_\_  
Brick, NJ

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. \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

5. Architect or Engineer \_\_\_\_\_ Contact \_\_\_\_\_  
 Address \_\_\_\_\_ e-mail \_\_\_\_\_  
 Tel. (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

6. Responsible Person in Charge once Work has Begun Joseph Guagliardo  
 Tel. (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

**V. FEE SUMMARY (for office use only)**

|                                   | Update | Update |
|-----------------------------------|--------|--------|
| 1. Building                       | \$     |        |
| 2. Electrical                     |        |        |
| 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                      | \$     |        |
| 11. Cert. of Occupancy            |        |        |
| 12. Other                         |        |        |
| 13. TOTAL                         | \$     |        |

**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. Max. Live Load                                             | _____             |
| 7. Max. Occupancy Load                                        | _____             |
| 8. If Industrialized Building: State Approved _____ HUD _____ |                   |
| 9. Total Land Area Disturbed                                  | _____ sq. ft.     |
| 10. Flood Hazard Zone                                         | _____             |
| 11. Base Flood Elevation                                      | _____ ft.         |
| 12. Wetlands yes _____ no _____                               |                   |

**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 Approval | Rejection | Re-viewer |
|-----------|----------------|----------------|----------------|----------------|-----------|-----------------------------|-----------|-----------|
|           | <u>JP</u>      | <u>8/25/09</u> |                | <u>8-28-09</u> | <u>JK</u> |                             |           |           |
|           |                |                |                | <u>8-27-9</u>  | <u>KL</u> |                             |           |           |
|           |                |                |                |                |           |                             |           |           |
|           |                |                |                |                |           |                             |           |           |
|           |                |                |                |                |           |                             |           |           |

TOTAL COST

**VII. DESCRIPTION OF BUILDING USE**

**A. RESIDENTIAL (primary use)**

1. State Specific Use: \_\_\_\_\_
2. Use Group, Proposed: \_\_\_\_\_
3. Change in Use Group, Indicate Present: \_\_\_\_\_
4. No. of dwelling units: Total Units Income-restricted
- Gained, Sale \_\_\_\_\_
- Gained, Rental \_\_\_\_\_
- Lost, Sale \_\_\_\_\_
- Lost, Rental \_\_\_\_\_

**B. NON-RESIDENTIAL (primary use)**

1. State Specific Use: \_\_\_\_\_
2. Use Group, Proposed: \_\_\_\_\_
3. Change in Use Group, Indicate Present: \_\_\_\_\_
- C. MIXED USE -List secondary use(s): \_\_\_\_\_
- D. Construct. Classification: Present \_\_\_\_\_ Proposed \_\_\_\_\_

**III. PLAN REVIEW (optional)**

**DO YOU WANT:**

- ☐ Partial Releases  
☐ Prototype Processing

**IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?**

- ☐ Elevators/Escalators/Lifts/  
 Dumbwaiters/Moving Walks  
☐ High Pressure Boilers  
☐ Pressure Vessels  
☐ Refrigeration Systems  
☐ Cross-Connections/Backflow Preventers  
☐ Hazardous Uses/Places of Assembly  
☐ Sprinklers  
☐ Smoke Control Systems in Open Wells  
☐ Underground Storage Tanks  
☐ Swimming Pools, Spas and Hot Tubs  
☐ LPGas Tanks

## 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 [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 Joseph G. Gonsky

Address 101 New Brunswick Ave

BRICK N.J.

Telephone (732) 262-2625

Signature [Signature]

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



Brick Township  
401 Chambersbridge Rd  
Brick, NJ 08723

Date Issued 01/11/2010  
Control Number C-09-003040  
Permit Number 09-2116  
Permit Issue Date 08/31/2009  
Certificate Number 09-2116

## Certificate

Construction Code Division  
(Certificate of Approval)

### Identification

Work Site Location: 41 & 43 DRUM POINT RD. Brick Township, NJ Block: 548 Lot: 21 Qual: \_\_\_\_\_  
Owner in Fee: BRICK TOWNSHIP BOARD OF EDUCATION  
Owner Address: 101 HENDRICKSON AVE BRICK NJ 08723  
Telephone: (732) 786-3000  
Contractor BRICK TOWNSHIP BOARD OF EDUCATION  
Address 101 HENDRICKSON AVE BRICK NJ 08723  
Telephone: (732) 786-3000 Fax: \_\_\_\_\_  
License Number or Builders Registration Number: \_\_\_\_\_ Federal Emp. Number: \_\_\_\_\_

Home Warranty Number: \_\_\_\_\_

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification: \_\_\_\_\_

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: New Freestanding Sign & Frame

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 NJACS: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

Fee: \$0.00

Check Number: \_\_\_\_\_

Collected By: \_\_\_\_\_



# CONSTRUCTION PERMIT

Date Issued  
Control #  
Permit #

8/31/09  
C-09-003040  
09-2116

IDENTIFICATION Block: 548 Lot: 21 Qualifier  
Work Site Location: 41 & 43 DRUM POINT RD. Brick Township, NJ Contractor BRICK TOWNSHIP BOARD OF EDUCATION  
Address 101 HENDRICKSON AVE BRICK NJ 08723  
Owner in Fee BRICK TOWNSHIP BOARD OF EDUCATION  
101 HENDRICKSON AVE BRICK NJ 08723 Telephone: (732) 786-3000  
Telephone: (732) 786-3000 Lic. No. or Bldrs. Reg. No.  
Federal Employee. No.

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:

New Freestanding Sign & Frame

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 \$2

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         | \$0    |
| Electrical       | \$0    |
| Plumbing         | \$0    |
| Fire Protection  | \$0    |
| Elevator Devices | \$0    |
| Other            | \$0.00 |
| DCA Training Fee | \$0    |
| CO Fee           |        |
| Other            | \$0    |
| Total            | \$0    |
| 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.
2. Foundations and all walls up to grade level prior to back filling.
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.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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



**Master**  
**George Jr 581-8338**

Date Received  
Control #  
Date Issued  
Permit #

8/31/09  
09-2116

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

Block 548 Lot 21 Qualification Code \_\_\_\_\_  
Work Site Location Dawn Point Rd. Back NY  
Owner in Fee: Back Township Board of Education  
Tel ( 732 ) 786-3000 e-mail www.backschools.org  
Address 101 Handricks Rd Ave. Back NY 08724  
Contractor: Back Board of Ed Municipality Back NY Tel. ( 732 ) 262-2625  
Address 101 Handricks Ave e-mail \_\_\_\_\_  
Contractor License No. or Builder Registration No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_  
Federal Emp. ID No. \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

## JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                                                                                                               | Date           | Initial   | INSPECTIONS          | Dates (Month/Day) | Approval  | Initial         |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------|----------------------|-------------------|-----------|-----------------|
| <input type="checkbox"/> No Plans Required                                                                                                |                |           | Type: _____          | Failure           | Failure   |                 |
| <input checked="" type="checkbox"/> All                                                                                                   | <u>5-28-04</u> | <u>JK</u> | Footings             | <u>10/20/04</u>   | <u>JK</u> | <u>10/20/04</u> |
| <input type="checkbox"/> Footings/Foundations                                                                                             |                |           | Footings             |                   |           |                 |
| <input type="checkbox"/> Structural/Framework                                                                                             |                |           | Foundation           |                   |           |                 |
| <input type="checkbox"/> Exterior                                                                                                         |                |           | Slab                 |                   |           |                 |
| <input type="checkbox"/> Interior                                                                                                         |                |           | Frame                |                   |           |                 |
| <input type="checkbox"/> Truss Sys./Bracing                                                                                               |                |           | Barrier-Free         |                   |           |                 |
| Joint Plan Review Required:                                                                                                               |                |           | Insulation           |                   |           |                 |
| <input checked="" type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator |                |           | Finishes -Base Layer |                   |           |                 |
| SUBCODE APPROVAL FOR PERMIT                                                                                                               |                |           | Finishes -Final      |                   |           |                 |
| Date: _____                                                                                                                               |                |           | Energy               |                   |           |                 |
| Approved by: _____                                                                                                                        |                |           | Mechanical           |                   |           |                 |
| SUBCODE APPROVAL FOR CERTIFICATE                                                                                                          |                |           | TCO                  |                   |           |                 |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO                                                                                  |                |           | Other                |                   |           |                 |
| Date: <u>10/14/09</u>                                                                                                                     |                |           | Barrier-Free         |                   |           |                 |
| Approved by: <u>JK</u>                                                                                                                    |                |           |                      |                   |           |                 |

## B. BUILDING CHARACTERISTICS

Use Group 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.  
Max. Live Load \_\_\_\_\_  
Max. Occupancy Load \_\_\_\_\_

Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_  
If Industrialized Building: \_\_\_\_\_  
State Approved \_\_\_\_\_ HUD \_\_\_\_\_  
Est. Cost of Bldg. Work:  
1. New Bldg. \$ \_\_\_\_\_  
2. Rehabilitation \$ \_\_\_\_\_  
3. Total (1+2) \$ \_\_\_\_\_

U.C.C. F110  
(rev. 12/07)

C. CERTIFICATION IN LIEU OF OATH  
I hereby certify that I am the (agent of) owner of  
responsible and authorized to make this application.  
Signature \_\_\_\_\_  
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK  
**New free-standing sign & frame**  
**6'6" High x 10' wide**

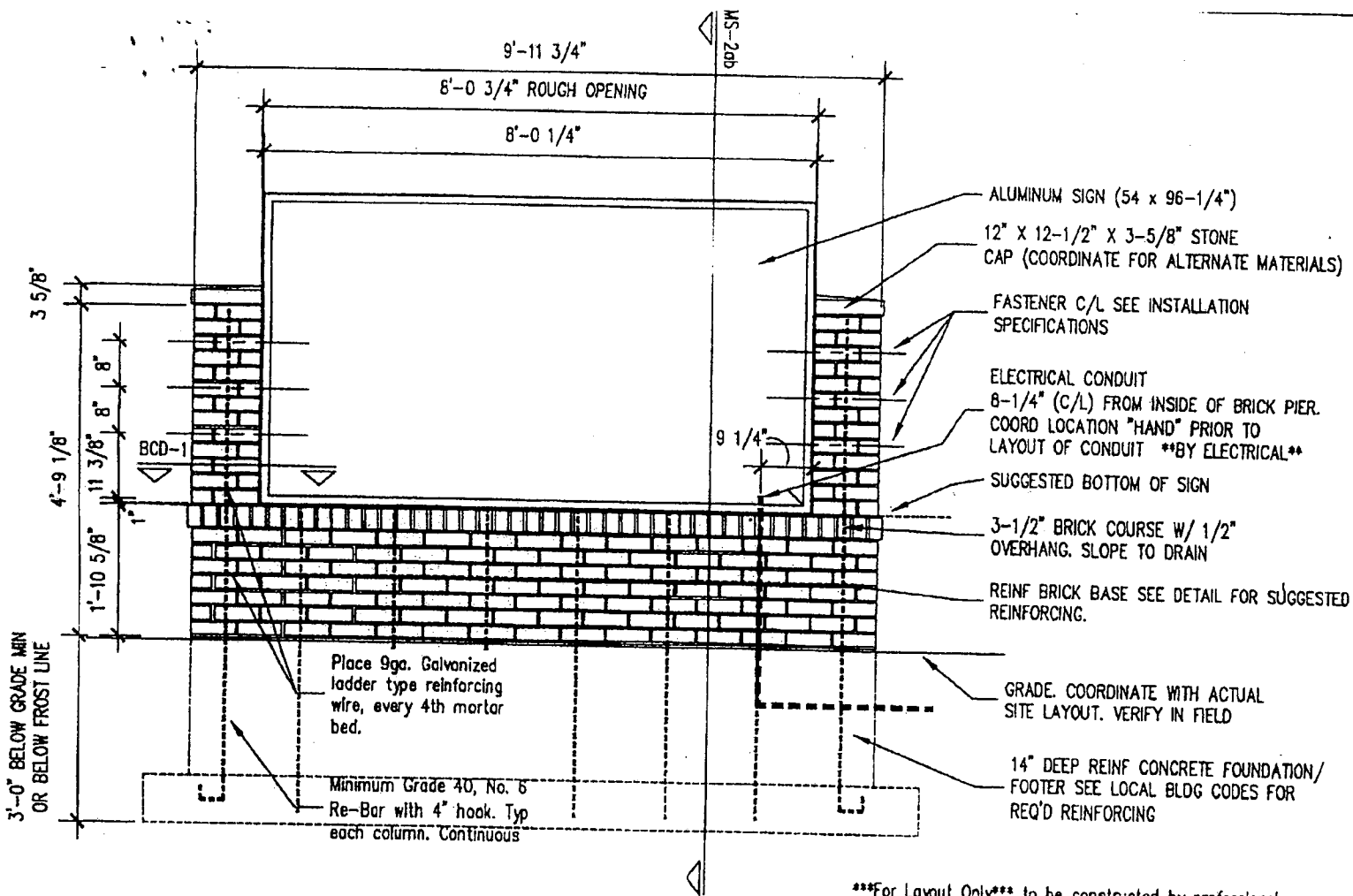
| TYPE OF WORK:                                            | Height (exceeds 6') | Sq. Ft. | FEE (Office Use Only) |
|----------------------------------------------------------|---------------------|---------|-----------------------|
| <input type="checkbox"/> New Building                    |                     |         |                       |
| <input type="checkbox"/> Addition                        |                     |         |                       |
| <input type="checkbox"/> Rehabilitation                  |                     |         |                       |
| <input type="checkbox"/> Roofing                         |                     |         |                       |
| <input type="checkbox"/> Siding                          |                     |         |                       |
| <input type="checkbox"/> Fence                           |                     |         |                       |
| <input type="checkbox"/> Sign                            |                     |         |                       |
| <input type="checkbox"/> Pool                            |                     |         |                       |
| <input type="checkbox"/> Retaining Wall                  |                     |         |                       |
| <input type="checkbox"/> Asbestos Abatement Subchapter 8 |                     |         |                       |
| <input type="checkbox"/> Lead Haz. Abatement NJAC 5:17   |                     |         |                       |
| <input type="checkbox"/> Radon Remediation               |                     |         |                       |
| <input type="checkbox"/> Other                           |                     |         |                       |
| <input type="checkbox"/> Demolition                      |                     |         |                       |

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

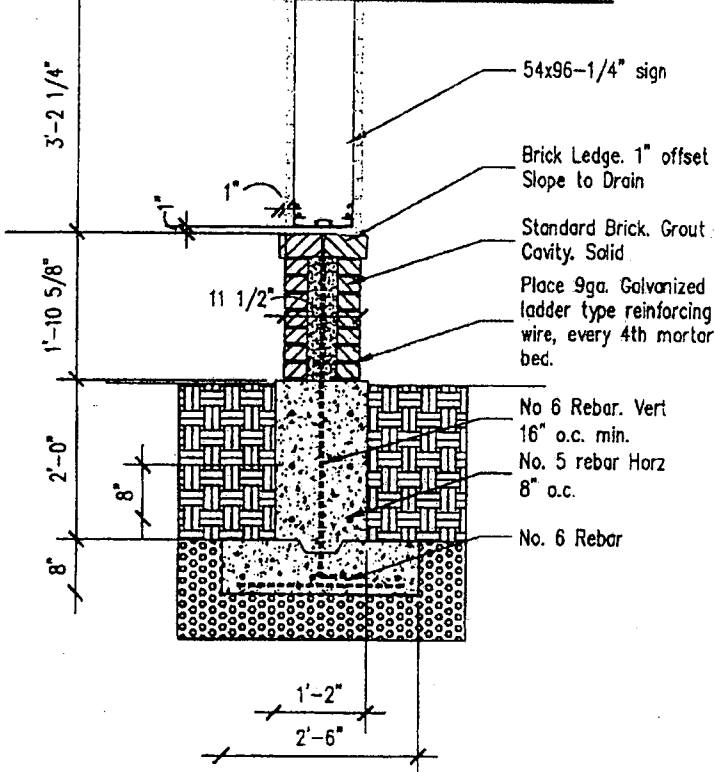
1 White = Inspector Copy  
2 Canary = Office Copy  
3 Pink = Office Copy  
4 Gold = Applicant Copy

3528-182 517-8222  
near

\*9/30/ea w- Fast Reg-  
1) Does not match plans-- (Not even close)



|                       |         |
|-----------------------|---------|
| <b>TOWNSHIP</b>       |         |
| RELEASED FOR PERMIT   | INITIAL |
| Building Subcode      | 56      |
| Plumbing Subcode      | 8-28-09 |
| Fire Subcode          |         |
| Electrical Subcode    |         |
| Plan Reviewer         |         |
| Plans Released        |         |
| Construction Official |         |



Specifications:

1. Drawing shown for Layout Purposes Only. Contractor/Owner shall be responsible for coordination of ALL components and adherence to Local Building Codes. Masonry, Concrete and Electrical work should be performed and supervised solely by professional tradespersons, licensed and insured in the area where sign is to be located.
2. Owner/Contractor shall be responsible for any permits, or submittals required by local jurisdictions. Owner/Contractor shall be responsible for Professional Stamp, Engineering, or soil testing should they be required by local code enforcement.
3. Layout of assembly is assumed to be on flat and level grade. Soil conditions are assumed to be typical bearing and undisturbed. Owner/Contractor shall be responsible for coordination of varying or adverse conditions.

Sign Installation:

1. Un-Crate sign and inspect components. Un-lock doors and remove all Time/Clergy Panels. Remove Logo panels (for easier handling of sign).
2. Lift Sign into place, coordinating side of electrical feed. Shim & brace sign in desired location and open door. Make sure that there is at least 1" clearance between the bottom of the sign and that of the brickwork. This allows ventilation holes in the sign to function. Check sign that it is plumb & level, and that there are no gaps between sign and masonry that exceed 1/4" as shown.
3. Using 1/2" bit, drill (4) holes on each side of the sign within the reachable area allowed by the door. The holes should align with the center of the brick and drill matching 3/8" holes in the brick to receive then anchor bolts. DO NOT OVER-TIGHTEN!!
4. Once more, check doors for alignment and make minor adjustments as need.
5. Not applicable.
6. Connect Electrical, as per local electrical code.
7. Reinstall Panels.

| NO. | DATE | REVISION | DRAWN | CHK'D | REL'D |
|-----|------|----------|-------|-------|-------|
|-----|------|----------|-------|-------|-------|

BUILDING SIGN FOOTING DETAILS

SITUATED IN  
TOWNSHIP OF BRICK, OCEAN COUNTY, NEW JERSEY

Job No.  
2-05234-000209

Drawer Number  
000-000

Drawing Name:  
Sign Details.dwg

1 OF 1



BIRDSALL SERVICES GROUP  
ENGINEERS & CONSULTANTS

DATE: 8/14/09

JAMES A. PRIOLO, P.E.

NJ PROFESSIONAL ENGINEER Lic. No. 24GE03714300

Birdsall Engineering, Inc.

611 Industrial Way West  
Eatontown, NJ 07724

Certificate of Authorization No. 24GA27989800

Tel.: 732.380.1700

Fax.: 732.380.1701

WWW.BIRDSALL.COM

Date  
8/14/09

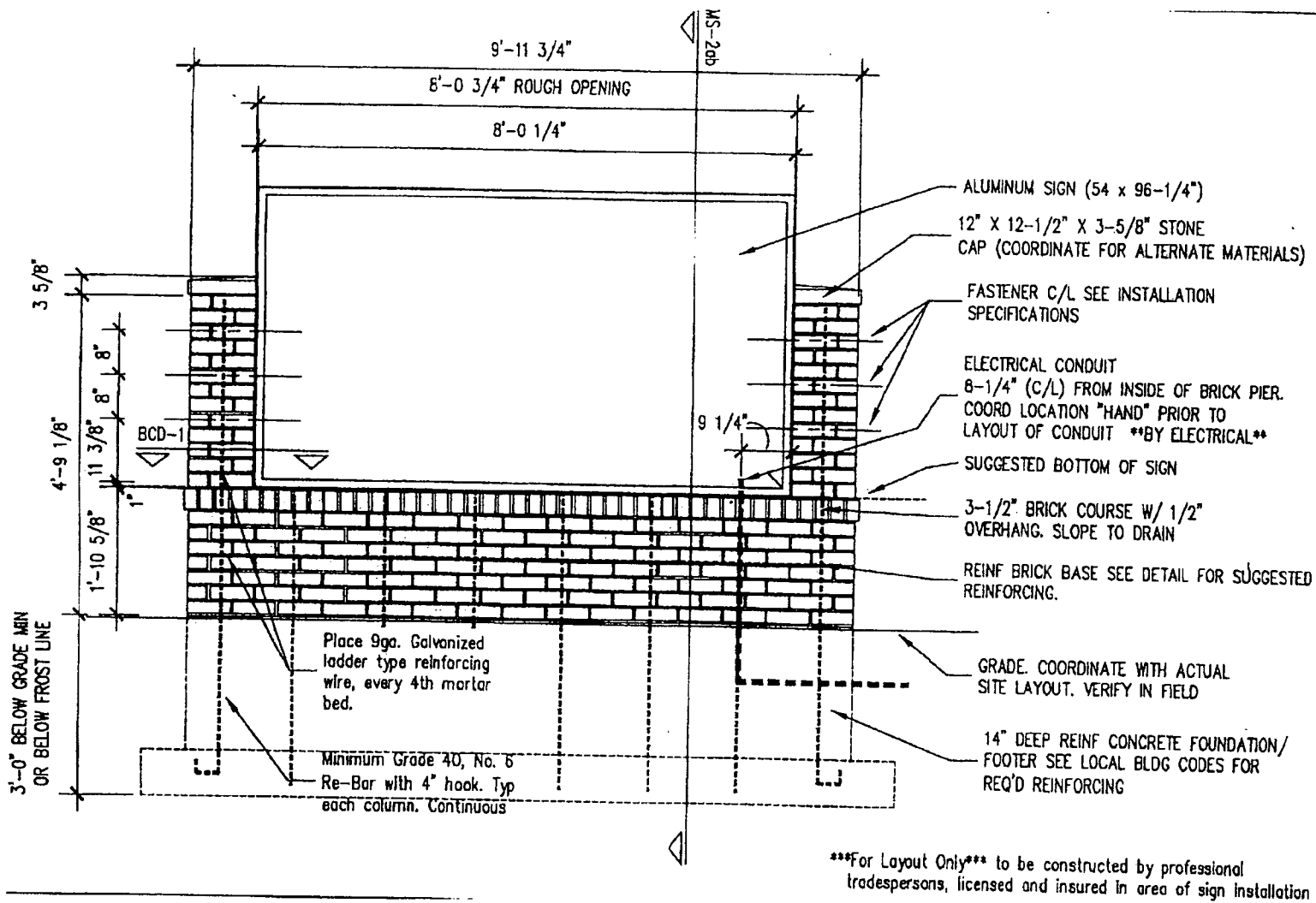
Scale: (H) NTS  
(V) NTS

Drawn  
CKO

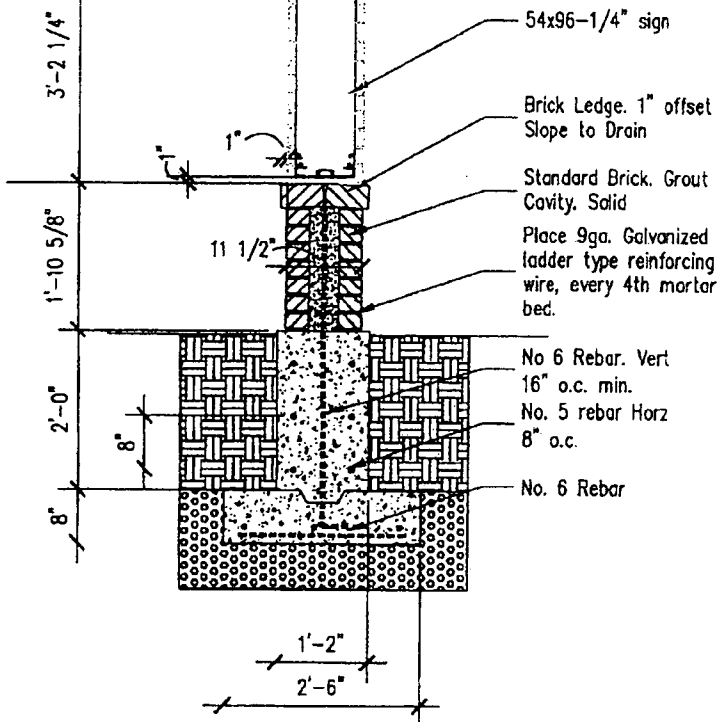
Designed  
CKO

Checked  
RCM

Released  
RCM



| TOWNSHIP              |         |
|-----------------------|---------|
| RELEASED FOR PERMIT   | INITIAL |
| Building Subcode      | 56      |
| Plumbing Subcode      | 8-28-09 |
| Fire Subcode          |         |
| Electrical Subcode    |         |
| Plan Reviewer         |         |
| Plans Released        |         |
| Construction Official |         |



Specifications:

1. Drawing shown for Layout Purposes Only. Contractor/Owner Shall be responsible for coordination of ALL components and adherence to Local Building Codes. Masonry, Concrete and Electrical work should be performed and supervised solely by professional tradespersons, licensed and insured in the area where sign is to be located.
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1. Un-Crate sign and inspect components. Un-lock doors and remove all Time/Clergy Panels. Remove Logo panels (for easier handling of sign).
2. Lift Sign into place, coordinating side of electrical feed. Shim & brace sign in desired location and open door. Make sure that there is at least 1" clearance between the bottom of the sign and that of the brickwork. This allows ventilation holes in the sign to function. Check sign that it is plumb & level, and that there are no gaps between sign and masonry that exceed 1/4" as shown.
3. Using 1/2" bit, drill (4) holes on each side of the sign within the reachable area allowed by the door. The holes should align with the center of the brick and drill matching 3/8" holes in the brick to receive then anchor bolts. DO NOT OVER-TIGHTEN!!
4. Once more, check doors for alignment and make minor adjustments as need.
5. Not applicable.
6. Connect Electrical, as per local electrical code.
7. Reinstall Panels.

| NO. | DATE | REVISION | DRAWN | CHK'D | REL'D |
|-----|------|----------|-------|-------|-------|
|-----|------|----------|-------|-------|-------|



**BIRDSALL SERVICES GROUP**  
ENGINEERS & CONSULTANTS

DATE: 8/14/09

**JAMES A. PRIOLO, P.E.**

NJ PROFESSIONAL ENGINEER Lic. No. 24GE03714300

**Birdsall Engineering, Inc.**  
611 Industrial Way West  
Eatontown, NJ 07724  
Certificate of Authorization No. 24GA27989800

Tel.: 732.380.1700  
Fax.: 732.380.1701  
WWW.BIRDSALL.COM

**BUILDING SIGN FOOTING DETAILS**

SITUATED IN  
**TOWNSHIP OF BRICK, OCEAN COUNTY, NEW JERSEY**

|                 |                          |              |                 |                |                 |                           |                          |                                   |        |
|-----------------|--------------------------|--------------|-----------------|----------------|-----------------|---------------------------|--------------------------|-----------------------------------|--------|
| Date<br>8/14/09 | Scale:(H) NTS<br>(V) NTS | Drawn<br>CKO | Designed<br>CKO | Checked<br>RCM | Released<br>RCM | Job No.<br>2-05234-000209 | Drawer Number<br>000-000 | Drawing Name:<br>Sign Details.dwg | 1 OF 1 |
|-----------------|--------------------------|--------------|-----------------|----------------|-----------------|---------------------------|--------------------------|-----------------------------------|--------|



# BUILDING 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 548 Lot 21 Qualification Code \_\_\_\_\_  
Work Site Location Drum Point Elementary School  
41 Drum Point Rd. Brick, NJ  
Owner in Fee: Brick Township Board of Education  
Tel. ( 732 ) 786-3000 e-mail www.brickschools.org  
Address 101 Hendricks Ave. Brick NJ 08724 zip code 08724  
Contractor: Brick Board of Ed Municipality Tel. ( 732 ) 262-2625  
Address 101 Hendricks Ave e-mail \_\_\_\_\_  
Brick NJ  
Contractor License No. or Builder Registration No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_  
Federal Emp. ID No. \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

## JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                   | Date           | Initial   | INSPECTIONS          | Dates (Month/Day) | Failure | Approval | Initial |
|-----------------------------------------------|----------------|-----------|----------------------|-------------------|---------|----------|---------|
| <input type="checkbox"/> No-Plans Required    |                |           | Type:                |                   |         |          |         |
| <input checked="" type="checkbox"/> All       | <u>8-28-04</u> | <u>JA</u> | Footings             |                   |         |          |         |
| <input type="checkbox"/> Footings/Foundations |                |           | Footings Bonding     |                   |         |          |         |
| <input type="checkbox"/> Structural/Framework |                |           | Foundation           |                   |         |          |         |
| <input type="checkbox"/> Exterior             |                |           | Slab                 |                   |         |          |         |
| <input type="checkbox"/> Interior             |                |           | Frame                |                   |         |          |         |
|                                               |                |           | Truss Sys./Bracing   |                   |         |          |         |
|                                               |                |           | Barrier-Free         |                   |         |          |         |
|                                               |                |           | Insulation           |                   |         |          |         |
|                                               |                |           | Finishes -Base Layer |                   |         |          |         |
|                                               |                |           | Finishes -Final      |                   |         |          |         |
|                                               |                |           | Energy               |                   |         |          |         |
|                                               |                |           | Mechanical           |                   |         |          |         |
|                                               |                |           | TCO                  |                   |         |          |         |
|                                               |                |           | Other                |                   |         |          |         |
|                                               |                |           | Final                |                   |         |          |         |
|                                               |                |           | Barrier-Free         |                   |         |          |         |

Joint Plan Review Required: ☒ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

## B. BUILDING CHARACTERISTICS

Use Group 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.

Max. Live Load \_\_\_\_\_

Max. Occupancy Load \_\_\_\_\_

Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_

If Industrialized Building:

State Approved \_\_\_\_\_ HUD \_\_\_\_\_

Est. Cost of Bldg. Work:

1. New Bldg. \$ \_\_\_\_\_

2. Rehabilitation \$ \_\_\_\_\_

3. Total (1+2) \$ \_\_\_\_\_

U.C.C. F110 (rev. 12/07)

Date Received 8/31/09  
Control # \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Permit # \_\_\_\_\_

## 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

New free-standing sign frame  
6'6" High x 10' wide

### TYPE OF WORK:

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

FEE (Office Use Only)

\$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

State Permit Surcharge Fee \$ \_\_\_\_\_

TOTAL FEE \$ \_\_\_\_\_

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



# **BUILDING 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 548 Lot 21 Qualification Code \_\_\_\_\_  
 Work Site Location Drum Point Elementary School  
41 Drum Point Rd. Brick, NJ  
 Owner in Fee: Brick Township Board of Education  
 Tel. ( 732 ) 796-3000 e-mail www.brickschools.org  
 Address 101 Hendricks Ave. Brick, NJ 08724  
 Contractor: Brick Board of Ed Municipality Tel. ( 732 ) 262-2625  
 Address 101 Hendricks Ave e-mail \_\_\_\_\_  
Brick, NJ  
 Contractor License No. or Builder Registration No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_  
 Federal Emp. ID No. \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

## **JOB SUMMARY (Office Use Only)**

| PLAN REVIEW                                                                                                                               | Date         | Initial   | INSPECTIONS          | Dates (Month/Day) | Failure | Approval | Initial |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------|----------------------|-------------------|---------|----------|---------|
| <input checked="" type="checkbox"/> No Plans Required                                                                                     | <u>AS 04</u> | <u>TA</u> | Type:                |                   |         |          |         |
| <input checked="" type="checkbox"/> All                                                                                                   |              |           | Footings             |                   |         |          |         |
| <input type="checkbox"/> Footings/Foundations                                                                                             |              |           | Footings Bonding     |                   |         |          |         |
| <input type="checkbox"/> Structural/Framework                                                                                             |              |           | Foundation           |                   |         |          |         |
| <input type="checkbox"/> Exterior                                                                                                         |              |           | Slab                 |                   |         |          |         |
| <input type="checkbox"/> Interior                                                                                                         |              |           | Frame                |                   |         |          |         |
|                                                                                                                                           |              |           | Truss Sys./Bracing   |                   |         |          |         |
|                                                                                                                                           |              |           | Barrier-Free         |                   |         |          |         |
| Joint Plan Review Required:                                                                                                               |              |           |                      |                   |         |          |         |
| <input checked="" type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator |              |           | Insulation           |                   |         |          |         |
| SUBCODE APPROVAL for PERMIT                                                                                                               |              |           |                      |                   |         |          |         |
| Date:                                                                                                                                     |              |           | Finishes -Base Layer |                   |         |          |         |
| Approved by:                                                                                                                              |              |           | Finishes -Final      |                   |         |          |         |
| SUBCODE APPROVAL for CERTIFICATE                                                                                                          |              |           |                      |                   |         |          |         |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA                                                      |              |           | Energy               |                   |         |          |         |
| Date:                                                                                                                                     |              |           | Mechanical           |                   |         |          |         |
| Approved by:                                                                                                                              |              |           | TCO                  |                   |         |          |         |
|                                                                                                                                           |              |           | Other                |                   |         |          |         |
|                                                                                                                                           |              |           | Final                |                   |         |          |         |
|                                                                                                                                           |              |           | Barrier-Free         |                   |         |          |         |

## **B. BUILDING CHARACTERISTICS**

Use Group 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.

Max. Live Load \_\_\_\_\_

Max. Occupancy Load \_\_\_\_\_

Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_

If Industrialized Building:

State Approved \_\_\_\_\_ HUD \_\_\_\_\_

Est. Cost of Bldg. Work:

1. New Bldg. \$ \_\_\_\_\_

2. Rehabilitation \$ \_\_\_\_\_

3. Total (1+2) \$ \_\_\_\_\_

J.C.C. F110 (rev. 12/07)

## **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**

New free-standing sign frame  
6'6" High x 10' wide.

### **TYPE OF WORK:**

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

### **FEE (Office Use Only)**

\$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

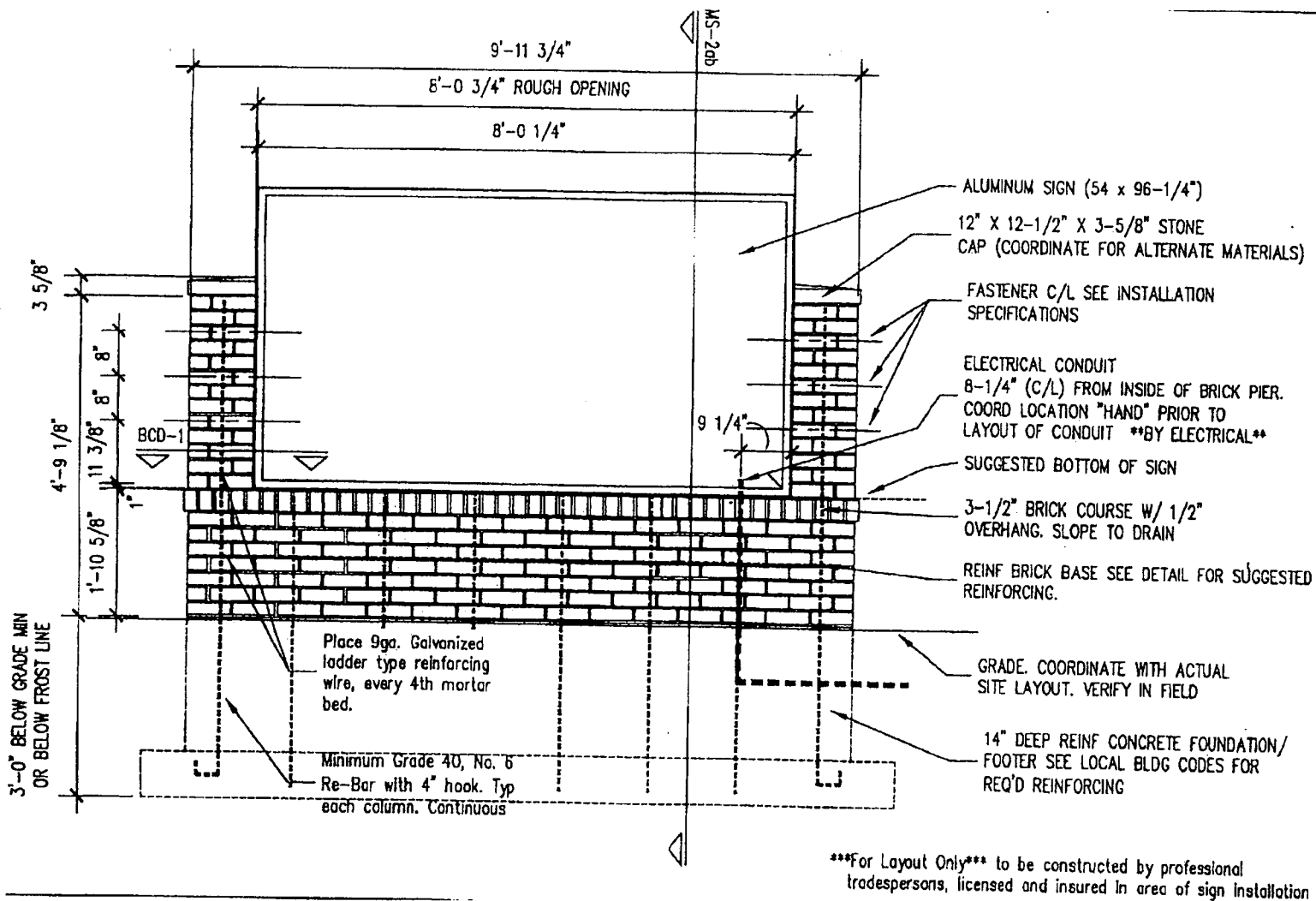
State Permit Surcharge Fee \$ \_\_\_\_\_

TOTAL FEE \$ \_\_\_\_\_

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

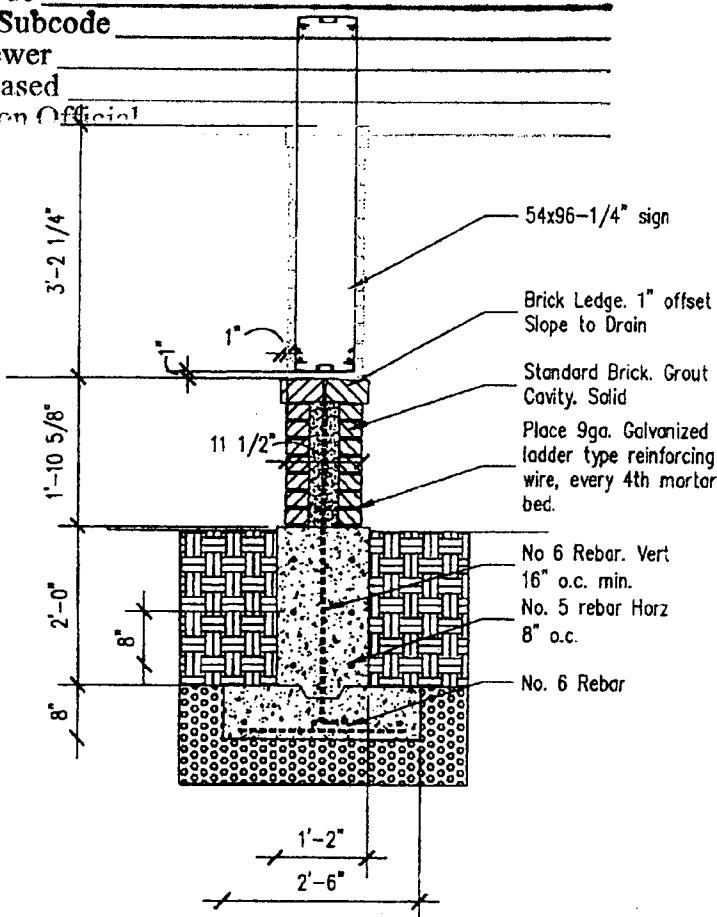
8/21/09  
 09-2116

Date Received \_\_\_\_\_  
 Control # \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
 Permit # \_\_\_\_\_



**TOWNSHIP**

|                     |         |         |
|---------------------|---------|---------|
| RELEASED FOR PERMIT | INITIAL | DATE    |
| Building Subcode    | JL      | 8-28-09 |
| Plumbing Subcode    |         |         |
| Fire Subcode        |         |         |
| Electrical Subcode  |         |         |
| Plan Reviewer       |         |         |
| Plans Released      |         |         |
| Inspection Official |         |         |



Specifications:

1. Drawing shown for Layout Purposes Only. Contractor/Owner Shall be responsible for coordination of ALL components and adherence to Local Building Codes. Masonry, Concrete and Electrical work should be performed and supervised solely by professional tradespersons, licensed and insured in the area where sign is to be located.
2. Owner/Contractor shall be responsible for any permits, or submittals required by local jurisdictions. Owner/Contractor shall be responsible for Professional Stamp, Engineering, or soil testing should they be required by local code enforcement.
3. Layout of assembly is assumed to be on flat and level grade. Soil conditions are assumed to be typical bearing and undisturbed. Owner/Contractor shall be responsible for coordination of varying or adverse conditions.

Sign Installation:

1. Un-Crate sign and inspect components. Un-lock doors and remove all Time/Clergy Panels. Remove Logo panels (for easier handling of sign).
2. Lift Sign into place, coordinating side of electrical feed. Shim & brace sign in desired location and open door. Make sure that there is at least 1" clearance between the bottom of the sign and that of the brickwork. This allows ventilation holes in the sign to function. Check sign that it is plumb & level, and that there are no gaps between sign and masonry that exceed 1/4" as shown.
3. Using 1/2" bit, drill (4) holes on each side of the sign within the reach area allowed by the door. The holes should align with the center of the brick and drill matching 3/8" holes in the brick to receive then anchor bolts. DO NOT OVER-TIGHTEN!!
4. Once more, check doors for alignment and make minor adjustments as need.
5. Not applicable.
6. Connect Electrical, as per local electrical code.
7. Reinstall Panels.

| NO. | DATE | REVISION | DRAWN | CHK'D | REL'D |
|-----|------|----------|-------|-------|-------|
|-----|------|----------|-------|-------|-------|



**BIRDSALL SERVICES GROUP**  
ENGINEERS & CONSULTANTS

DATE: 8/14/09

**JAMES A. PRIOLO, P.E.**

NJ PROFESSIONAL ENGINEER Lic. No. 24GE03714300

**Birdsall Engineering, Inc.**

611 Industrial Way West  
Eatontown, NJ 07724

Certificate of Authorization No. 24GA27989800

Tel.: 732.380.1700  
Fax.: 732.380.1701

WWW.BIRDSALL.COM

**BUILDING SIGN FOOTING DETAILS**

SITUATED IN  
**TOWNSHIP OF BRICK, OCEAN COUNTY, NEW JERSEY**

|                 |                           |              |                 |                |                 |                           |                          |                                   |               |
|-----------------|---------------------------|--------------|-----------------|----------------|-----------------|---------------------------|--------------------------|-----------------------------------|---------------|
| Date<br>8/14/09 | Scale: (H) NTS<br>(V) NTS | Drawn<br>CKO | Designed<br>CKO | Checked<br>RCM | Released<br>RCM | Job No.<br>2-05234-000209 | Drawer Number<br>000-000 | Drawing Name:<br>Sign Details.dwg | <b>1 OF 1</b> |
|-----------------|---------------------------|--------------|-----------------|----------------|-----------------|---------------------------|--------------------------|-----------------------------------|---------------|



# 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 543 Lot 21 Qualification Code \_\_\_\_\_

Work Site Location Duan Point Elementary School

Owner in Fee: Beck Township Board of Education

Tel. (732) 786-3000 e-mail www.beckschools.org

Address 151 Hendrickson Avenue Brick NJ 08804

Contractor: Beck Board of Ed. Tel. ( ) ( )

Address 101 Henderson Ave e-mail \_\_\_\_\_

Contractor License No. 4199 Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: ( ) ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

[ ] Pole/Pad # \_\_\_\_\_ [ ] Temporary [ ] Other \_\_\_\_\_

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_

Est. Cost of Elec. Work \$ \_\_\_\_\_

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required 8-27-94

[ ] Partial - Under-slab Utilities Approved

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

[ ] Electric Plans Approved

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL FOR PERMIT

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

SUBCODE APPROVAL FOR CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

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

Beck Board of Ed. SR Elect. 880E

U.C.C. F120 (rev. 12/07) 1 White - Inspector Copy 2 Canary - Office Copy 3 Pink - Office Copy 4 Gold - Applicant Copy

## D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

downed electric to new sign

Date Received

Control #

Date Issued

Permit #

8/31/09  
09-2116

QTY. SIZE ITEMS FEE (Office Use Only)

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Frac. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UV Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Over/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

KW Elec. Sign/Outline Light

REPLACE MENU

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



# DRUM POINT ROAD

166.81'

509.33'

EDGE OF PAVEMENT

1295.13' TOTAL

679.54' TOTAL

BUILDING  
46990 SQ. FT.

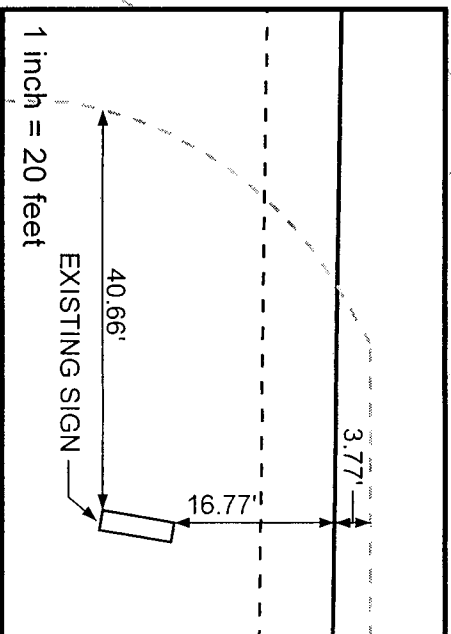
EXISTING SIGN  
(SEE INSET)  
8' DRAINAGE, UTILITY  
& SIDEWALK EASEMENT

EDGE OF PAVEMENT



DRUM POINT / EMMA HAVENS SIGNAGE  
BLOCK 548 LOT 21  
41 DRUM POINT ROAD, BRICK, NJ 08723

1 inch = 80 feet



**Township of Brick  
Zoning Permit**

**Approved:** Wednesday, August 26, 2009 **Number:** 2009-622

**Block** 548 **Lot** 21 **Zone:** B-2

**Property Address:** Drum Point Elementary School, 41 Drum Pt. Road

**Applicant:** Joseph Guagliardo - Brick Board of Education

**Property Owner:** Brick Board of Education

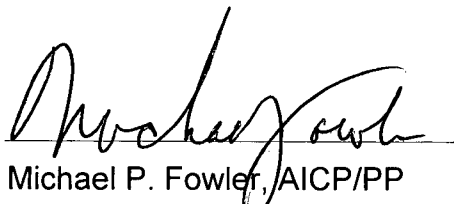
**Existing Use:** Drum Point Elementary School

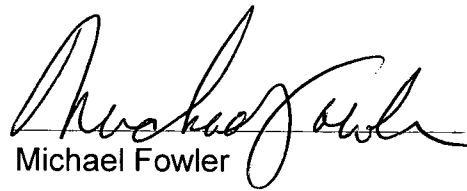
**Proposed Use:** Drum Point Elementary School

**Proposed Construction:** Monument Sign

**Conditions:** Replace existing pole sign with a monument sign in the same location. Sign 4'6" x 8'. The sign cannot be within the Sight Triangle.

**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  
Administrative Officer

  
Michael Fowler  
Zoning Reviewer

# 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 548 LOT 21 QUALIFIER \_\_\_\_\_  
PROPERTY ADDRESS DRUM POINT Elementary School  
PERSONAL NAME OF APPLICANT 411 DRUM POINT RD  
Josep D'Amelio  
BUSINESS NAME OF APPLICANT Brick Board of Ed  
MAILING ADDRESS OF APPLICANT 101 Hendrickson Ave  
PROPERTY OWNER'S FULL NAME Brick Board of Ed

PRESENT USE OF PROPERTY (check all that apply)

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

PROPOSED USE OF PROPERTY (check all that apply)

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

PROPOSED CONSTRUCTION (check all that apply)

- ☐ New Building (please describe) \_\_\_\_\_ Height \_\_\_\_\_  
☐ Addition - Height \_\_\_\_\_  
☐ Alteration \_\_\_\_\_  
☐ Porch or deck - Height \_\_\_\_\_  
☐ Shed - Height \_\_\_\_\_  
☐ Fence - Type \_\_\_\_\_ Height \_\_\_\_\_  
☐ Swimming Pool ☐ in-ground ☐ above-ground  
☒ Other (please describe) Replace Pole Sign with Monument Sign

## 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 [Signature] Date 8-26-09

Reviewed by Zoning Office [Signature] Date 9/26/09 (X) Approved ( ) Denied