OP

BLOCK 1091 LOT 5 C2-90 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 99-4635

CONSTRUCTION PERMIT APPLICATION

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

12/15/99

I. IDENTIFICATION

1. Proposed Work Site at: 250 OLD SQUAN ROAD
2. Name of Owner in Fee: REV. JAMES J BRADY Tel. (732) 840-1410
   Address 250 OLD SQUAN RD (street) BRICK, NJ (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: GIRTAIN SIGN CO Tel. (732) 349-8499
   Address 1765 ROUTE 9 TOMS RIVER, NJ 08755
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 223305786 FAX: (732) 505-3673
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. (____) _____ FAX (____) _____

Please Rush. Existing Sign. Replacing in Same Location.

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 60		
2. Electrical	35		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	8		
10. Subtotal			
11. Cert. of Occupancy			
12. Other	15		
13. TOTAL	$ 118		

NO FEE REQUIRED APPROVED BY MKR DATE 12-13

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		

COMMERCIAL

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									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☒ Electrical					12/15/99	MM	4/4/00		OK
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		EWA	12/8/99		EWA				
TOTAL COSTS									

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: Church
3. Change in Use Group, Indicate Former:

IMPORTANT A.M.B.I. MANDATORY FEE COMMERCIAL

LDS BR 10302693

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 Rev. James J. Brady 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.

( ) Check if contractor.

Agent Name Rev JAMES J. BRADY

Address 250 OLD SQUAN ROAD

BRICK, NJ

Telephone (732) 840-1410

Signature Rev. James J. Brady

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.				

0004
4635*#
BLOCK 1091 # 0.00
LOT 5 # 0.00
BUILDING 60.00
ELETRIC* 35.00
D.C.A. 8.00
ZONEPLOT 15.00
TOTAL 118.00
CHECK 118.00
CHANGE 0.00
0041A005 14:45
NO. 5 12/17/99

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 12/17/99
Control #
Permit # 99-4635

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 1091 Lot 5 Qual

Work Site Location 250 OLD SQUAN RD
SIGN
Owner in Fee ST DOMINICS R.C. CHURCH
Address SAME
BRICK, NJ 08724-
Telephone (732)840-1410

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:
REPLACING EXISTING SIGN IN SAME LOCATION 10X6X9.5

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 $ 10,500

Construction Official

12/17/99
Date

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

PAYMENTS (Office Use Only)

Building	60
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	8
Cert. of Occupancy	0
Other ZPA	
Total 118	103
Check No.	4363
Cash	
Collected By	TL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 12/02/99
Date Issued 12/17/99
Control # C2-90
Permit # 99-4635

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

Block 1091 Lot 5 Qual
Work Site Location 250 OLD SQUAN RD
SIGN
Owner in Fee ST DOMINICS R.C. CHURCH
Address SAME
BRICK, NJ 08724-
Tele.(732)840-1410
Contractor GIRTAIN SIGN CO.
Address 1765 RT 9
TOMS RIVER, NJ 08753-
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3305786

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

REPLACING EXISTING SIGN IN SAME LOCATION 10X6X9.5

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	12-13-99	KM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 10,000
3. Total (1+2)$ 10,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[X] Sign 60 Sq. Ft.	60
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 60
DCA Training Fee	$ 8

Paid [ ] Check #
Collected by:

U.C.C. B110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 12/02/99
Date Issued / /
Control # C2-90
Permit # 99-4635

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

Block 1091 Lot 5 Qual
Work Site Location 250 OLD SQUAN RD
SIGN
Owner in Fee ST DOMINICS R.C. CHURCH
Address SAME
BRICK, NJ 08724-
Tele.(732)840-4830 Fax ( )
Contractor CROWBECK ELECTRIC
Address 65 FRANK NERI DR
BRICK, NJ 08724-
Tele.(732)840-4830
Lic. No. or Bldrs. Reg. No. 7423
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 12/15/99
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12/9/00
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other Sign Final			4400	
Service				
Final				

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

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	5	KW Elect Sign/Outline Light	9
		Other	0
		Other	0

COMMERCIAL

C. CERTIFICATION IN LIEU OF OATH

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

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

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 26
Collected by:	TOTAL FEE	$ 35
	DCA Training Fee	$ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 12/02/99
Date Issued / /
Control # C2-90
Permit #

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

Block 1091 Lot 5 Qual
Work Site Location 250 OLD SQUAN RD
SIGN
Owner in Fee ST DOMINICS R.C. CHURCH
Address SAME
BRICK, NJ 08724-
Tele.(732)840-4830 Fax ( )
Contractor CROWBECK ELECTRIC
Address 65 FRANK NERI DR
BRICK, NJ 08724-
Tele.(732)840-4830
Lic. No. or Bldrs. Reg. No. 7423
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 12/15/99
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	5	KW Elect Sign/Outline Light	9
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 26
Collected by: TOTAL FEE $ 35
DCA Training Fee $ 0

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

TOWNSHIP OF BRICK
ZONING PERMIT

Permit Approved: December 7, 1999 **No. 1999-**1845

Block: 1091 **Lot:** 5 **Zone:** B-3, H.D.

Property Address: 250 Old Squan Road

Owner: St. Dominic Church

Applicant: Rev. James J. Brady **Phone:** 840-1410

Existing use: St. Dominic Church

Proposed use: Same

Proposed Construction: Replacing identification ground sign, 10' x 6', 9.5' high.

Conditions: New sign to be same size and location as existing use.

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

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
DEC 12 1999
ZONING

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

BLOCK 1091 LOT 5

PROPERTY ADDRESS (number and street) 250 OLD SQUAN RD.

NAME OF PROPERTY OWNER ST. DOMINIC CHURCH

PERSONAL NAME OF APPLICANT REV. JAMES J. BRADY

BUSINESS NAME OF APPLICANT ST. DOMINIC CHURCH. ~~SAME AS ABOVE~~

MAILING ADDRESS OF APPLICANT 250 OLD SQUAN ROAD

TELEPHONE NUMBER OF APPLICANT 732-840-1410

PRESENT USE OF PROPERTY(check all that apply)

___Vacant Lot ___Single-family dwelling ___Multi-family Dwelling

___Commercial(please describe)_____

PROPOSED USE OF PROPERTY(check all that apply)

___Vacant Lot ___Single-family dwelling ___Multi-family Dwelling

___Commercial(please describe)_____

PROPOSED CONSTRUCTION SIGN

* Existing Sign REPLACING IN SAME LOCATION.

__All dimensions: 10' Width 6' Length 9.5' 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 site 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 Rev. James J. Brady Date_____

Reviewed by Zoning Officer Date 12/7 (X)Approved ()Rejected

COMMERCIAL

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1091 LOT 5 SITE ADDRESS 250 Old Country Rd
TYPE OF SITE Residential /(Commercial) TYPE OF BUSINESS Sign

APPLICANT [illegible] Sign Co. PHONE NUMBER 349-9199
APPLICANT ADDRESS [illegible] CITY & STATE [illegible]
PERMIT # C 2-90 NAME OF BUSINESS [illegible]

INCLUSIONARY DEVELOPMENT

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

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01 %

Estimated Assessment $ N/A Date [illegible]

Estimated Required Fee $ N/A

Required Deposit on Estimate $ _____ 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 [signature] DATE 12-13-99

Carol A. Wolfe
Affordable Housing Administrator

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

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 12-8-97

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1091 LOT 5 SITE ADDRESS 250 Old Squan Rd

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS 5,325 Ft. Day Care & Church

APPLICANT Certain Sign Co CITY & STATE Toms River NJ

☒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ 0 + L

Frederick R. Millman, CTA, Tax Assessor

12/11/97

Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

NO FEE REQUIRED

$ _____

Frederick R. Millman, CTA, Tax Assessor

Date

APPROVED BY _____ DATE _____

GLF 12-9-97

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

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Engineering
Office of the Municipal Engine
(908) 262-1038
Fax (908) 262-8954
http://gbshost.com/brick

Date: 12-2-99

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

RE: Block: 1091 Lot: 5

Property Address: 250 OLD SQUAN RD.

I, REV. JAMES J. BRADY (name) of 250 OLD SQUAN ROAD (address).

Request to be exempted from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in Chapter 190.31 of the Codified Ordinances of the Township of Brick.

Rev. James J. Brady
Applicant's Signature

COMMERCIAL

The following shall be submitted with this request:

1. Submit survey locating existing dwelling and proposed addition. Dimensions of addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval, a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

OFFICE USE

Approved: 12/8/99 Signed:

Rejected: Signed:

Comments:

GIRTAIN SIGN Company

1765 ROUTE 9 TOMS RIVER, NJ 08755

732-349-8499

Fax 732-505-3673 1-800-834-8499

Three Generations

A LIMITED LIABILITY COMPANY

Saint Dominic's Church
250 Old Squan Road
Brick, NJ 08724

11/30/99

Fabricate and install one new 6' x 10' and one 10" x 9', double face, internally illuminated sign boxes. Signs to be made from 040 aluminum with 1/8" angle iron frames. Sign to have a clear lexan cover over the changeable letter portion of the sign. Signs to be illuminated with high output tubes and ballasts. Signs to be installed on two 3 1/2" steel poles. Faces to be made with 3/16" plexiglass and high performance, translucent vinyl letters. Steel poles to be covered with an 040 aluminum shroud with satin gold leaf stripes and gold leaf decorative balls. Top of the sign to have an 040 aluminum, decorative ribbon and cross. Decorative ribbon and cross to be illuminated with high output tubes and neon. Girtain sign Company to dig the holes, set the poles and install the sign.

One font of 600 4" rigid (flat) changeable letters.

*A tax exempt form must be supplied for the above job.
*Permits and electric to the sign are the responsibility of the customer.

Box to be Ivy Green Aluminum + Shrouds

Federal I.D. # 223305786

50% deposit with order. Balance due upon completion. Sign is property of GIRTAIN SIGN COMPANY until balance is paid in full. Any custom work must be paid in advance.

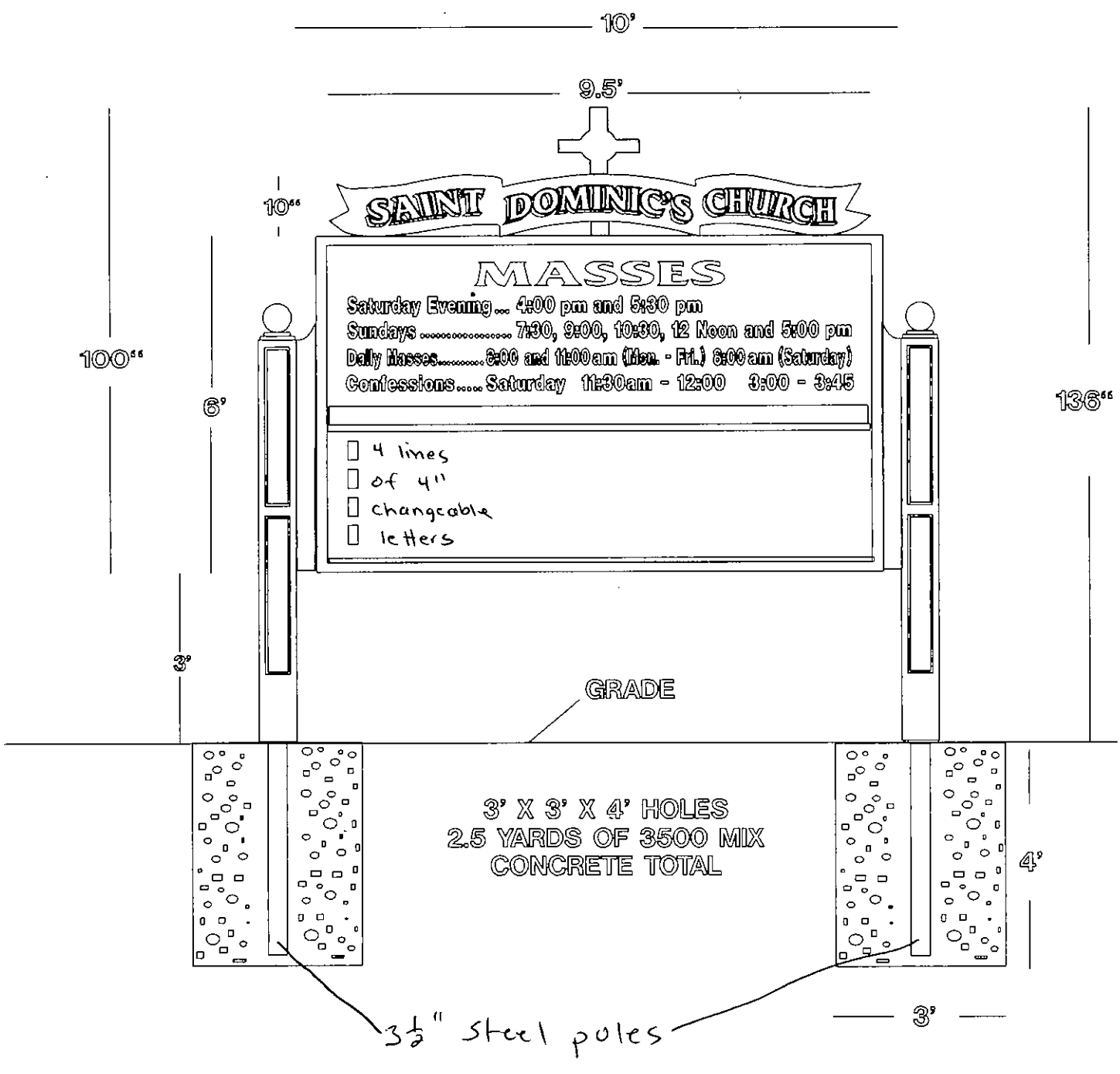
Permits and electric to the signs are the responsibility of the customer, unless otherwise stated on the contract.

Accepted by: _____

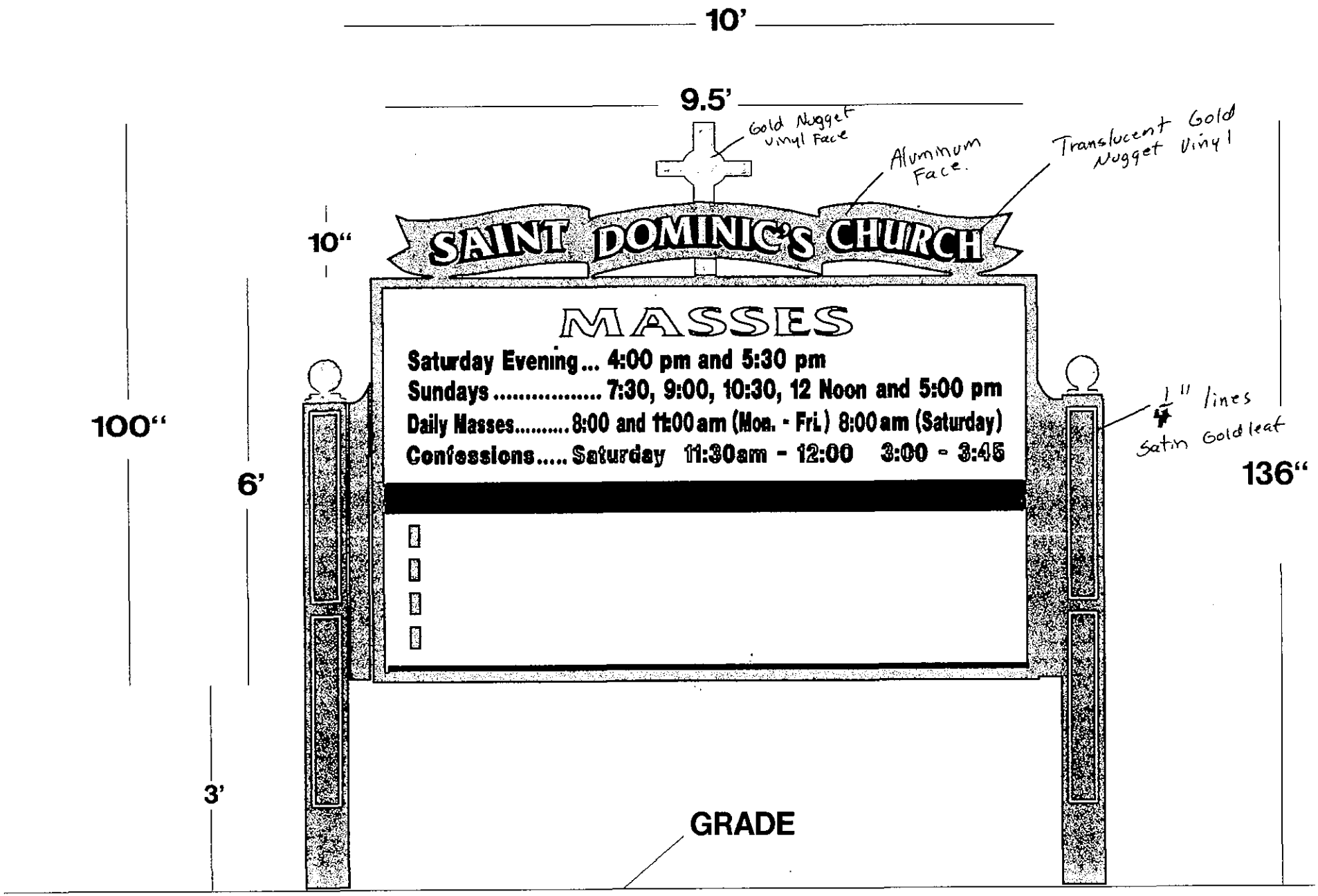
Signature: _____

Date: _____

D/F internally illuminated sign box



APPROVED FOR [illegible]
SEAN KINSLEY, [illegible] OFFICER
DATE 12-7-99



Ivy Green Aluminum box + Shroud.

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1091 LOT 5 SITE ADDRESS 250 Old Sonoma Rd
TYPE OF SITE Residential /(Commercial) TYPE OF BUSINESS Sign

APPLICANT Custom Sign Co. PHONE NUMBER 349-9499
APPLICANT ADDRESS 1765 Rt 29 CITY & STATE Napa, Ca
PERMIT # C2-90 NAME OF BUSINESS St. Dominic's Church

INCLUSIONARY DEVELOPMENT

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

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01 %

Estimated Assessment $ N/A Date 12-13-99

Estimated Required Fee $ N/A

Required Deposit on Estimate $ _____ 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 MP DATE 12-13-99

Carol A. Wolfe
Affordable Housing Administrator

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

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Joseph C. Scarpelli, Mayor

Township Council:
Helen Fayad – President
Martin J. Anton
Victor Cantillo
Gregory S. Kavanagh
Mary Lou Powner
Kathy M. Russell
Frederick J. Underwood, Sr.

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 12-8-99

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1091 LOT 5 SITE ADDRESS 250 Old Squan Rd

TYPE OF SITE Commercial TYPE OF BUSINESS 5.99 Ft Door, c's Church
(Residential/Commercial)

APPLICANT Certain Sign Co CITY & STATE Toms River NJ

☒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ 0 N/A

Frederick R. Millman, CTA, Tax Assessor

12/10/99
Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

NO FEE REQUIRED

$ _____

Frederick R. Millman, CTA, Tax Assessor

Date

APPROVED BY _____ DATE _____

12-13-99

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

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR: CROWBECK Electric
ADDRESS: 65 FRANK NELI Dr
BRICK NJ 08724
PHONE: 732-840-4830
LIC. #: 7423 EXP. DATE: 3-31-00
FEDERAL EMPL. #: (or S.S. #) [redacted]

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/E.A.C. Panel		
TOTAL NUMBERS		
Pool Permit w/UW Lights		
Storable Pool/Spa/Hot Tub		
KW Elec. Range / Receptacle	KW	
KW Oven / Surface Unit	KW	
KW Elec. Water Heater	KW	
KW Elec. Dryer / Receptacle	KW	
KW Dishwasher	KW	
HP Garbage Disposal	HP	
KW Central A/C Unit	KW	
HP/KW Space Heater/Air Handler	HP/KW	
KW Baseboard Heat	KW	
HP Motors 1/+ HP	HP	
KW Transformer/Generator	KW	
AMP Service	AMP	
AMP Subpanels	AMP	
AMP Motor Control Center	AMP	
AMP Elec. Sign/Outline Light	KW	
Other 30 Amp Circuit To		
Other Exterior Sign O.B.O. OF		
Other		
Other		

Estimated Cost of Electrical Work: $ $500
Signature (print name): JOHN HALLENBECK
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☑ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervsion
Proprietary Supervision

Flammable Liquip Storage Tanks Capacity: Fuel:
Combustable Liquid Storage Tanks Capacity: Fuel:
L.G.P. Storage Tanks Capacity: Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
Other	
Other	

Estimated Cost of Fire Protection Work: $
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: 250 OLD SQUAN ROAD Date Rec'd:
Block: 1091 Lot: 5 Date Issued:
Owner in Fee: Control #:
Address: 250 OLD SQUAN RD. Permit #:

State: NJ Zip: 08724 Phone: (732) 840-1410
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

Estimated Cost of Plumbing Work: $
Signature:

Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR: GIRTAIN SIGN Co.
ADDRESS: 1765 ROUTE 9
TOMS RIVER, NJ
PHONE: 732-349-8499
LIC #: 22330578 6
LIC. EXPIRATION DATE: N/A
FEDERAL EMP. # (or S.S. #): 22330578 6

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

X SIGN.

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☒ Sign: Sq. Ft. 60
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

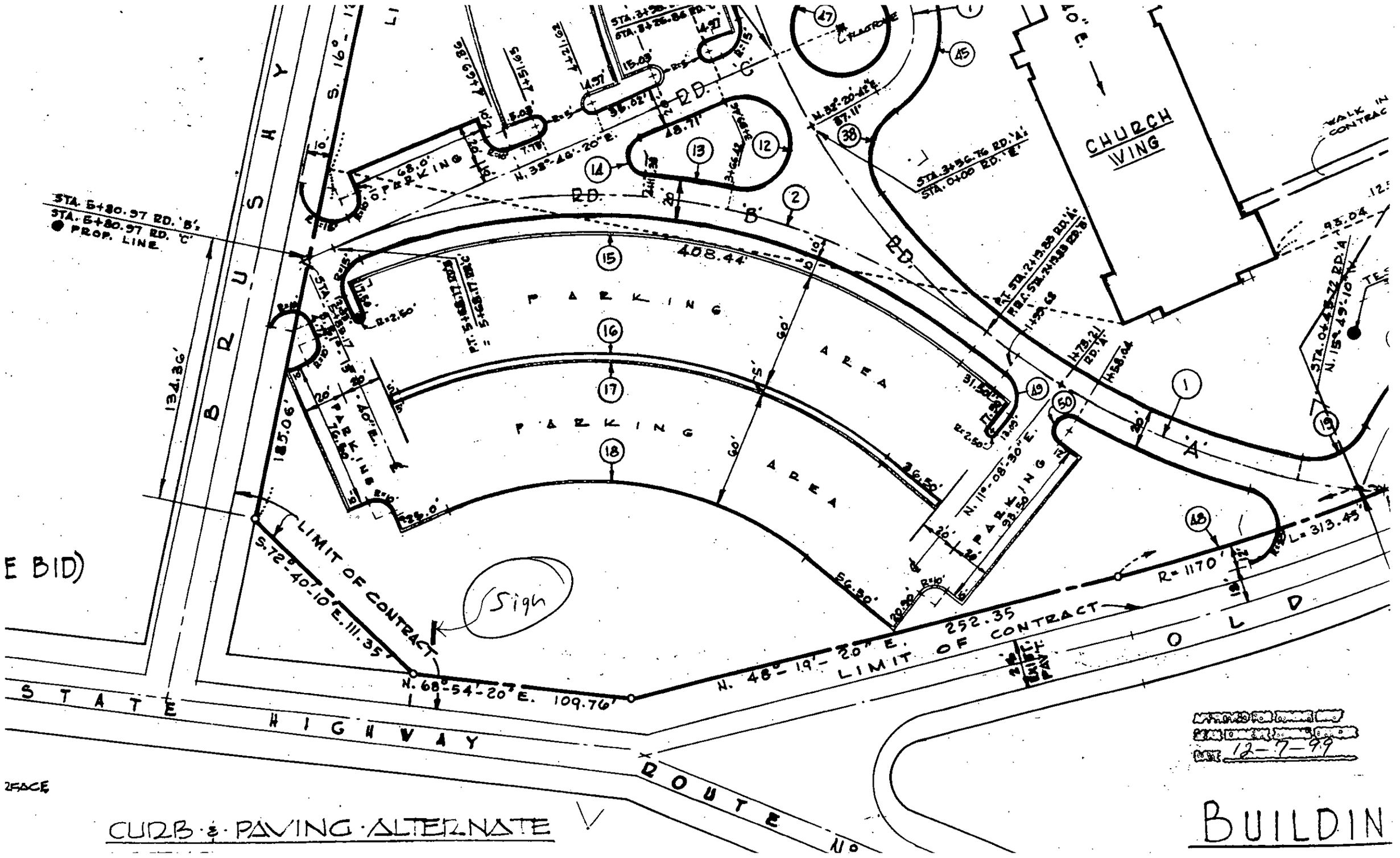
BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature:

Estimated Cost of Building Work: $10,000
New Building (1): $
Alteration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐

Approved by:

Date:



E BID)

CURB & PAVING ALTERNATE

BUILDIN