

BLOCK 702 LOT 11 QUALIFICATION CODE _____ ADDRESS (SITE) 249 Chambers Bridge Rd. PERMIT NO. 17-0069



CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII 06-005639

I. IDENTIFICATION

1. Proposed Work Site at: 249 Chambers Bridge Rd. Brick

2. Name of Owner in Fee: Silvio M. Silvi / R. Taft Trust

Tel. _____ e-mail _____

Address 1859 Dino Blvd., Toms River, NJ 08755

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: Girtain Sign Co. LLC Tel. (732) 349-8499

Address 1765 Route 9 e-mail _____

Toms River, NJ 08755

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. 22-3305786 FAX: (732) 505-3673

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. (_____) _____ FAX: (_____) _____

6. Responsible Person in Charge once Work has Begun Andy Girtain

Tel. (732) 349-8499 FAX: (732) 505-3673

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>700</u>	☒	
2. Electrical	\$ <u>700</u>	☒	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$ <u>29-</u>		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other <u>Z</u>			
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure	
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)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building					<u>2/27/16</u>	<u>KCC</u>			
☒ Electrical					<u>12-9-16</u>	<u>W</u>			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

Eng Exempt 11/28/16 ECC

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:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

- | | | | |
|---|---|---|---|
| 1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks | 4. ☐ Refrigeration Systems | 8. ☐ Smoke Control Systems in Open Wells | 12. ☐ Fire Alarm |
| 2. ☐ High Pressure Boilers | 5. ☐ Cross-Connections/Backflow Preventers | 9. ☐ Underground Storage Tanks | |
| 3. ☐ Pressure Vessels | 6. ☐ Hazardous Uses/Places of Assembly | 10. ☐ Swimming Pools, Spas and Hot Tubs | |
| | 7. ☐ Sprinklers/Standpipes | 11. ☐ 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(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

- D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

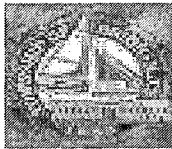
I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☒ Check if contractor.

Agent Name Girtain Sign Co. LLC
Address 1765 Route 9
Toms River, NJ 08755
Telephone (732) 349-8499
Signature Kim Marky

- 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 5/6/2019
Control Number C-16-005639
Permit Number 17-0069
Permit Issue Date 1/10/2017
Certificate Number 17-0069

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 249 CHAMBERS BRIDGE RD. Brick Township, NJ Block: 702 Lot: 11 Qual: _____
Owner in Fee: TAFF, R TRUST & SILVI, S
Owner Address: 1859 DINO BLVD TOMS RIVER NJ 08755
Telephone: _____
Contractor GIRTAIR SIGN CO.
Address 1765 ROUTE 9 TOMS RIVER NJ 08753-
Telephone: (732) 349-8499 Fax: (732) 505-3673
License Number or Builders Registration Number: _____ Federal Emp. Number: 22-3305786

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SIGN INSTALLATION - ...INSTALL (7) FACADE SIGNS FOR ALL STORE FRONTS

Certificate Comments:

☐ Certificate of Occupancy

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

☒ Certificate of Approval

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

☐ Certificate of Continued Occupancy

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

☐ Temporary Certificate of Compliance

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

☐ Certificate of Clearance - Lead Abatement 5:17

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

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

☐ Certificate of Clearance - Asbestos Abatement

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

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

☐ Certificate of Compliance

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

☐ Temporary Certificate of Occupancy

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

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____

OFFICE USE ONLY

[illegible]



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 702 Lot 11 Qualification Code _____
Work Site Location 249 Chambers Bridge Rd., Brick NJ

Owner in Fee: Silvio M. Silvi / R. Taff Trust
Tel. _____ e-mail _____

Address 1859 Dino Blvd. Tom River NJ 08755
street municipality zip code

Contractor: Girtain Sign Co. Tel. (732) 349-8499

Address 1765 Lakewood Rd. Tom River, NJ 08755
e-mail _____

Contractor License No. 34EB01290800 Exp. Date 3/31/18

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

Federal Emp. ID No. 223305786 FAX: (732) 505-3673

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 1,050

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval
[] No Plans Required		Rough			
[] Partial Underslab Utilities Approved		Barrier-Free			
Date: _____ Approved by: _____		Trench			
[X] Electric Plans Approved		Temp. Serv.			
Date: <u>12-9-16</u> Approved by: <u>[Signature]</u>		Constr. Serv.			
Joint Plan Review Required:		TCO			
[] Bldg. [] Plumb. [] Fire [] Elev.		Other			
SUBCODE APPROVAL for PERMIT		Service			
Date: <u>12/2/16</u>		Final			
Approved by: <u>[Signature]</u>		Barrier-Free			
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued			
[] CO [] CCO [] CA		Final Cut-in-Card Date Issued			
Date: <u>4/26/19</u>		Annual Pool Inspection			
Approved by: <u>[Signature]</u>		Date of Grounding and Bonding Certification			

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 sign/Contractor sign and seal here: [Signature]

Print name here: [Signature]

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

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	
		KW Elec. Sign/Outline Light	

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



BUILDING SUBCODE TECHNICAL SECTION



Date Received 1/10/17
Control # _____

Date Issued 17-0069
Permit # _____

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

Block 702 Lot 11 Qualification Code _____

Work Site Location 249 Chambers Bridge Rd.
Brick, NJ

Owner in Fee: Silvio M. Silvi / R. Taff Trust

Tel. _____ e-mail _____

Address 1859 Dino Blvd., Toms River, NJ 08755

Contractor: Girtain Sign Co. Tel. (732) 349-8499

Address 1765 Lakewood Rd. e-mail _____
Toms River, NJ 08755

Contractor License No. or Builder Registration No. _____ Exp. Date _____

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

Federal Emp. ID No. 223305786 FAX: (732) 505-3673

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Initial
			Type:		Failure	Approval
☐ No Plans Required			Footings/Foundations			
☒ All	<u>12/27/16</u>	<u>KEL</u>	Footings/Foundations			
☐ Footings/Foundations			Foundation			
☐ Structural/Framework			Slab			
☐ Exterior			Frame			
☐ Interior			Truss Sys./Bracing			
Joint Plan Review Required:			Barrier-Free			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation			
SUBCODE APPROVAL for PERMIT			Finishes -Base Layer			
Date: <u>12/27/16</u>			Finishes -Final			
Approved by: <u>KEL</u>			Energy			
SUBCODE APPROVAL for CERTIFICATE			Mechanical			
☐ CO ☐ CCO ☒ CA			TCO			
Date: <u>04/10/18</u>			Other			
Approved by: <u>KEL</u>			Final		<u>4-10-18</u>	<u>JS</u>
			Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____

No. of Stories _____ If Industrialized Building: _____

Height of Structure _____ ft. State Approved _____ HUD _____

Area — Largest Floor _____ sq. ft. Est. Cost of Bldg. Work: _____

New Bldg. Area/All Floors _____ sq. ft. 1. New Bldg. \$ 13,975.

Volume of New Structure _____ cu. ft. 2. Rehabilitation \$ _____

Max. Live Load _____ 3. Total (1+2) \$ 13,975.

Max. Occupancy Load _____

U.C.C. F110
(rev. 11/09)

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.

Sign here: _____

Print name here: Ronald S. Kimoian Jr.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

(5) New Signs - illuminated

(2) Remove/Re-install Existing illuminated

COMMERCIAL

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence Height (exceeds 6')
- ☒ Sign 7@27.5 Sq. Ft. each
- ☐ 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
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy



CONSTRUCTION PERMIT

Date Issued 1/10/17
Control # C-16-005639
Permit # 17-0069

IDENTIFICATION Block: 702 Lot: 11 Qualifier _____
Work Site Location: 249 CHAMBERS BRIDGE RD. Brick Township, NJ Contractor GIRTAIN SIGN CO.
Owner in Fee TAFF, R. TRUST & SILVIA S. Address 1765 ROUTE 9 TOMS RIVER NJ 08753-
1859 DINO BLVD TOMS RIVER NJ 08755 Telephone: (732) 349-8499
Telephone: _____ Lic. No. or Bldrs. Reg. No. 34EB01290800 34EB01290800
Federal Employee No. 22-3305786

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

SIGN INSTALLATION...INSTALL (7) FACADE SIGNS FOR ALL STORE FRONTS

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 \$15,025

D. Newman Construction Official

Date 12/28/16

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$700
Electrical	\$700
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$29
CO Fee	
Other	\$0
Total	\$1,429
Check No. <u>17213</u>	\$ <u>1479</u>
Cash	\$0
Credit	\$0
Collected By <u>LH</u>	

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:

- 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.
- Foundations and all walls up to grade level prior to back filling.
- 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.
- 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.

RECEIVING CLERK
DATE REC'D 11-28-16

ZONING PERMIT APPLICATION

PERMIT # 20-17-00034
DATE ISSUED 1/10/17

BLOCK: 702 LOT: 11 QUALIFIER: _____ SITE ADDRESS: 249 Chambers Bridge Rd.

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Silvio M. Silvi / R. Tuff Trust
COMPLETE ADDRESS: 1859 Dino Blvd.
Toms River, NJ 08755
PHONE: [REDACTED] EMAIL: _____

2. NAME OF APPLICANT: Girtain Sign Co., LLC
APPLICANT ADDRESS: 1765 Route 9
Toms River, NJ 08755
PHONE # (732) 349-8499 EMAIL: _____

3. RESPONSIBLE PERSON FOR WORK: Andy Girtain
PHONE # (732) 349-8499 FAX # (732) 505-3673

4. SIGNATURE OF APPLICANT: [Signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: \$ 50-
OTHER: \$ _____
TOTAL: \$ 50-

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: X
EXISTING USE: Retail
PROPOSED USE Retail

BOARD APPROVAL: _____ PB _____ ZB _____
RESOLUTION #: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: _____ *ADDITION _____ *ALTERATION _____ *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____

HEIGHT: _____ (*APPLICABLE)

OTHER: Sign Removal/Replace - (2) Existing Re-install (5) New Signs

DESCRIPTION: Single Sided - LED illuminated Building Signs

ZONING REVIEW:

DATE REVIEWED: 11-28-16 DATE DENIED: _____ DATE APPROVED: 11-28-16 INTLS: cu

(SEE BACK PAGE)

OFFICE USE ONLY

RECEIVED

NOV 28 2016

~~ZONING~~

ZONING REVIEW:

DATE REVIEWED: 11/28/16 DATE DENIED: — DATE APPROVED: 11/28/16 INTLS: 528

[illegible]

LAND USE

245 Attachment 5

Township of Brick

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS

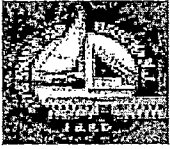
Township of Brick
Ocean County, New Jersey

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2-A-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No. 354-2TTTT-88; 9-27-1988 by Ord. No. 354-2XXXX-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

Zone	Minimum Lot Size						Minimum Required Yard Depth						Maximum Lot Coverage by Building	Maximum Building Height				Minimum Floor/ Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage	
	Interior Lots			Corner Lots			Principal Building				Accessory Building			Maximum Building Height						
	Area (square feet)	Width (feet)	Depth (feet)	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Both Sides Combined (feet)	Rear Yard (feet)	Side Yard (feet)	Rear Yard ¹ (feet)		Stories	Eaves (feet)	Feet	Ridge (feet)			
R-R	40,000	150	150	40,000	150	150	50	25			50	25	25	25%	—	25			—	
RR-2	See § 245-90.																			
RR-3	See § 245-103.																			
R-20	20,000	100	125	25,000	100	125	40	15	—		40	10	10	25%	—	25	35	38.5	—	
R-15	15,000	100	115	17,250	100	115	35	12	—		35	10	10	25%	—	25	35	38.5	—	
R-10	10,000	90	100	10,500	100	100	30	6	20		20	5	5	30%	—	25	35	38.5	—	
R-7.5	7,500	75	90	9,000	75	90	25	6	15		15	5	5	30%	—	25	35	38.5	—	
R-5	5,000	50	75	6,000	50	75	20	5	12		15	5	5	35%	—	25	35	38.5	—	
O-P	15,000	100	150	15,000	100	150	50	10	—		50	20	50	35% ²	2	—	35	38.5	1,500	70%
B-1	10,000	100	90	12,500	100	125	30	10	—		20	10	20	30% ²	2	—	35	38.5	1,000	60%
B-2	20,000	125	125	20,000	125	125	50	10	—		50	10	50	30% ²	2	—	35	38.5	2,000	65%
B-3	2 acres	200	200	2 acres	200	200	75	30	—		50	20	50	25% ²	—	—	35	38.5	2,000	65%
B-4	5 acres	300	300	—	—	—	100	50(150 ¹)	—		100(150 ¹)	20	50	25%	3	—	35	38.5	30,000	70%
M-1	5 acres	300	300	5 acres	300	300	100	50	—		150	75	150	30% ²	—	—	35	38.5	5,000	65%
R-M	25 acres	350	200	—	—	—	50	50	—		30	30	30	20%	—	25	35	38.5	—	65%
O-P-T	40,000	150	150	40,000	150	150	50	20	—		50	20	50	25% ²	2	—	35	38.5	2,000	50%
H-S	See § 245-261.																			

NOTES:

- ¹ If adjacent to residential zone or use.
- ² The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.
- ³ For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.



Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1336

Date Issued: _____
Application Number: ZA-16-01757
Application Date: 11/22/2016
Project Number: _____
Permit Number: _____
Fee: \$50.00

Zoning Permit

Worksite **249 CHAMBERS BRIDGE RD.**
Location: **Brick Township, NJ 08723**

Block: 702
Lot: 11
Qualifier: _____
Zone: B-3

Owner: **TAFF, R TRUST & SILVI, S**
Address: **1859 DINO BLVD**
TOMS RIVER, NJ 08755

Applicant: **GIRTAIR SIGN CO.**
Address: **1765 Route 9**
TOMS RIVER, NJ 08753-

Application Approved Date: 11/28/2016

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Retail Store (Rita Plaza)

Nonconforming Use is: _____

Work Description:

Sign - Facade sign removal and replace. Each sign box totals 27.5 sq. ft. Signs cannot exceed 15% of each storefront facade.

Installing 5 new LED illuminated cabinet signs and re-installing 2 existing LED illuminated cabinet signs.

**Chocolate Belles-(2)
Dance Concepts-(2)
Boba House-(1)
Sweet Music Academy-(1)
Broadway Bound-(1)**

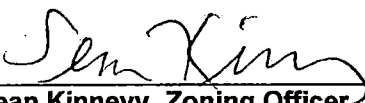
Additional Zoning Permit is required for additional work and signage.

Upon review it was determined that the Zoning Permit:

- ☒ Permitted by Ordinance
☐ Permitted by Variance approved on: _____
☐ Valid Nonconforming Use is established by
 ☐ Zoning Board of Adjustment
 ☐ Zoning Officer


Christopher J. Romaro, Assistant Zoning Officer

11/28/2016
Date


Sean Kinnevy, Zoning Officer

11/28/16
Date



Legend

📍 249 Chambersbridge Rd



Google Earth

©2016 Google

100 ft

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 702 LOT: 11 ADDRESS: 249 Chambers Bridge Rd.**IDENTIFICATION:**

1. WORK SITE ADDRESS: 249 Chambers Bridge Rd.
2. NAME OF OWNER IN FEE: Silvo M. Silvi / R. Taft Trust
ADDRESS: 1859 Dmo Blvd. PHONE #: [REDACTED]
Toms River, NJ 08755 FAX #: ()
3. PRINCIPAL CONTRACTOR: Girtain Sign Co.
ADDRESS: 1765 Lakewood Rd. PHONE #: (732) 349-8499
Toms River, NJ 08755 FAX #: (732) 505-6647
4. ARCHITECT OR ENGINEER: _____
ADDRESS: _____ PHONE: # () _____
5. RESPONSIBLE PERSON FOR WORK: A. Girtain
ADDRESS: 1765 Lakewood Rd., Toms River, NJ 08755
PHONE #: (732) 349-8499 FAX #: (732) 505-3673 E-MAIL: _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____☒ OTHER Signs - Qty 5 new, Qty 2 remove/re-installLENGTH: 132" WIDTH: 8" HEIGHT: 30"**FEE SUMMARY:**

APPLICATION FEE: \$ _____

REVIEW FEE: \$ _____

INSPECTION FEE: \$ _____

OTHER _____: \$ _____

BOND(S): \$ _____

TOTAL: \$ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____

TOWNSHIP OF BRICK

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

Stephen C. Acropolis, Mayor

Township Council:

John Ducey - President
Bob Moore - Vice President
Domenick Brando
Jim Fozman
Susan Lydecker
Joseph Sangiovanni
Dan Toth



Department of Community Development & Land Use

Juan Carlos Bellu
Director

732-262-1027

Fax: 732-262-2941
www.twp.brick.nj.us

Date: _____

ENGINEERING PLOT PLAN EXEMPT FORM

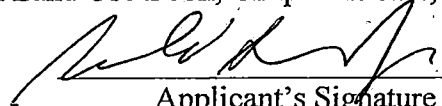
Block: 702 Lot: 11

Property Address: 249 Chambers Bridge Rd.

I, Ron Knochian (name) of Girtan Sign Co., 1765 Lakewood Rd. (address) Toms River

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

* Sign Project only
facade signs


Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the 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.

FOR OFFICE USE ONLY:

Approved on: _____ Signed: _____

Rejected on: _____ Signed: _____

Comments: _____

