BLOCK 702 LOT 11 QUALIFICATION CODE ______ ADDRESS (SITE) 249 Chambers Bridge Rd PERMIT NO. 08-1098

CONSTRUCTION PERMIT APPLICATION

08-601589

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

Called 4/24/08

I. IDENTIFICATION

1. Proposed Work Site at: 249 Chambers Bridge Rd., Brick 08742
2. Name of Owner in Fee: Taff Robert H & Silvi, Silvio
   Tel. [redacted] e-mail
   Address 2310 Tapestry Ct., Toms River, NJ 08755 (street, municipality, zip code)
3. Ownership in Fee: Public ______ Private ______
4. Principal Contractor: Girtain Sign Co. Tel. (732) 349-8499
   Address 1765 Lakewood Rd, Toms River e-mail
   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: (732) 505-3673
5. Architect or Engineer ______ Contact ______
   Address ______ e-mail ______
   Tel. ( ) ______ FAX: ( ) ______ ✓
6. Responsible Person in Charge once Work has Begun A. Girtain
   Tel. (732) 349-8499 FAX: (732)

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 108 —		
2. Electrical	45 —		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$ 17		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other ZP	30 —		
13. TOTAL	$ 200 —		

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

262-1041 Shawn Keneaey

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)

FOR OFFICE USE ONLY (Optional)

Subcode	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☒ Building	11,600	KB	4/11/08		4/18/08	[illegible]	11-17-08		
☒ Electrical					4/24/08	[illegible]	11-17-08		
☐ Plumbing									
☐ Fire Protection		[illegible]	4/16/08		4/24/08	[illegible]			
☐ Elevator	11,600								
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (*primary use*)
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: *All Units* | *Income-restricted*
   Before Construction
   After Construction
   Net Gain or Loss

B. NON-RESIDENTIAL (*primary use*) (circled)
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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

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
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
10. ☐ Swimming Pools, Spas and Hot Tubs

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/18/2008
Control Number C-08-001589
Permit Number 08-1098
Permit Issue Date 04/24/2008
Certificate Number 08-1098

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, ROBERT H & SILVI, SILVIO

Owner Address: 2310 TAPESTRY COURT TOMS RIVER NJ 08755

Telephone: [redacted]

Contractor GIRTAIN SIGN CO.

Address 1765 RT 9 TOMS RIVER NJ 08753-

Telephone: Fax:

License Number or Builders Registration Number: Federal Emp. Number: 22-3305786

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: SIGN INSTALLATION REPAIRING EXISTING SIGN MENTIONED IN VIOLATION. (COMMERCIAL)

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:

Date Printed: 11/18/2008 U.C.C. F260 (rev. 08/05)

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.ix:

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

(X) Check if contractor.

Agent Name Gintam Sign Co

Address 1765 Rt 9 N

Toms River, N.J 08753

Telephone (732) 349-8299

Signature H. Gintam

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

702 — 11

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 08-1098 C08-001589

Date Issued Permit # 4/24/08

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

Block ~~200~~ 702 Lot 11 Qualification Code

Work Site Location 249 Chamberbridge Rd Brick

Owner in Fee Robert Taft & Silvio Silvi

Address 2310 Tapestry Ct. Toms River N.J.

Tel. ([redacted]

Contractor Girtain Sign Co

Address 1765 249 Toms River N.J. 08755

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

Contractor License No. or Builder Registration No.

Federal Emp. No 223305786

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	4-15-08	W
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 11-17-08
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			11/14/08	W
Barrier-Free				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 11,600
2. Rehabilitation $ _____
3. Total (1+ 2) $ 11,600

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 Rita's Plaza

DESCRIPTION OF WORK

Repairing existing sign mentioned In violation # CVIO-08-00603

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[X] Sign 108 Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ _____

COMMERCIAL

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

U.C.C. F110 (rev. 07/03)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Rita's Plaza

Date Received
Control #

08-1098
C08-001589

Date Issued
Permit #

4/24/08

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 Chambersbridge Rd Brick

Owner in Fee Robert Tarr & Silvio Silvi

Address 230 Tapestry Ct. Toms River N.J. 08755

Tel [redacted]

Contractor On - Site Electrical Contractor

Address 475 Admiral Rd.
Forked River, NJ 08731

Tel (609) 693-6766 FAX (609) 693-6685

Contractor License No. 15603

Federal Emp. No. 20-3738168

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 600.00

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.

Applicants Signature/Contractors Seal and Signature

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
1		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Light
		Communications Points
		Alarm Devices/F.A.C. Panel
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
1	2.4	KW Elec. Sign/Outline Light

FEE (Office Use Only)

$

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator

[X] Elec. Plans Approved
Date: 4/24/08
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 11/7/08
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other Sign			11/7/08	
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

CONSTRUCTION PERMIT

Date Issued 4/24/2008
Control # C-08-001589
Permit # 08-1098

IDENTIFICATION Block: 702 Lot: 11 Qualifier
Work Site Location: 249 CHAMBERS BRIDGE RD. Brick Township, NJ
Owner in Fee TAFF, ROBERT H & SILVI, SILVIO
2310 TAPESTRY COURT TOMS RIVER NJ 08755
Telephone: [redacted]

Contractor GIRTAIN SIGN CO.
Address 1765 RT 9 TOMS RIVER NJ 08753-
Telephone:
Lic. No. or Bldrs. Reg. No.
Federal Employee. 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:
SIGN INSTALLATION REPAIRING EXISTING SIGN MENTIONED IN VIOLATION. (COMMERCIAL)

Note: If constuction 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 $12,200

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$108
Electrical	$45
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$17
CO Fee	
Other	$30
Total	$200
Check No.	6608
Cash	$0
Credit	$0
Collected By	Inspection Account

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

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:

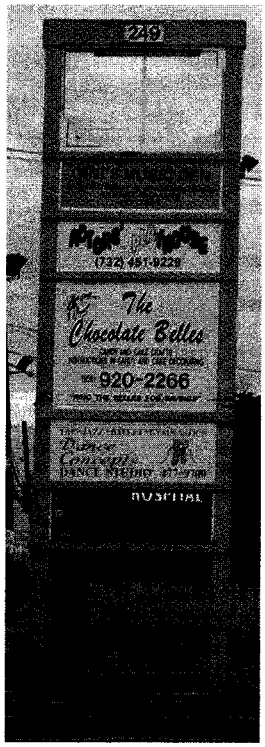
☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; 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.

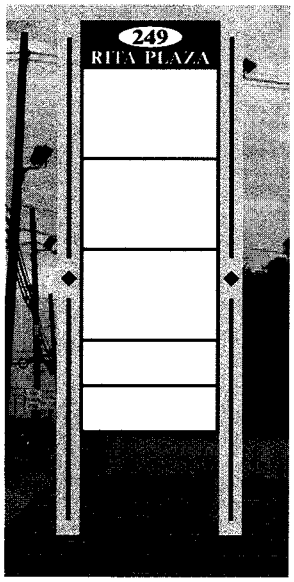
If you do not understand any of this information, please ask.

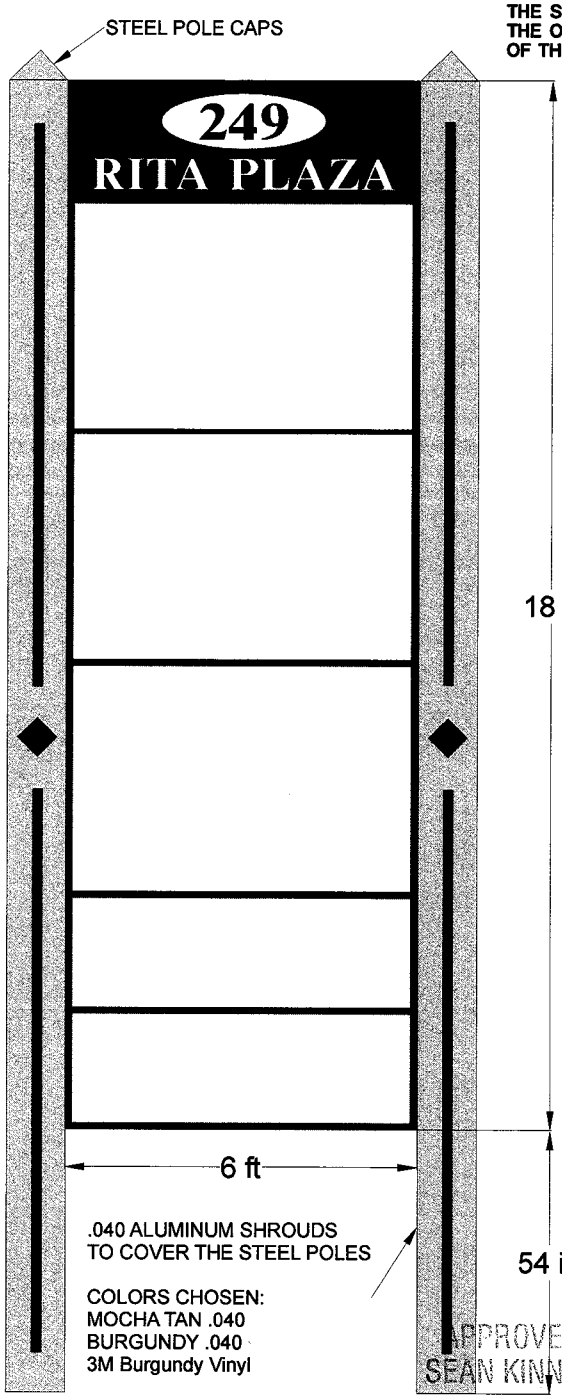
GIRTAIN SIGN CO. TO REMOVE 2' OF STEEL FROM THE TOP OF THE SIGN POLES. WE WILL LOWER THE OVERALL INSTALLATION HEIGHT OF THE SIGN BY A TOTAL OF 3.5'.

EXISTING



PROPOSED





.040 ALUMINUM SHROUDS TO COVER THE STEEL POLES

COLORS CHOSEN:
MOCHA TAN .040
BURGUNDY .040
3M Burgundy Vinyl

H-14-08

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

SC

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

SA:

RITA PLAZA

DATE 3-25-08

BRICK, NJ

NAME:

Township of Brick
Zoning Permit

Approved: Monday, April 14, 2008 **Number:** 2008-331

Block 702 **Lot** 11 **Zone:** B-3, Highway Dev.

Property Address: 249 Chambers Bridge Road; Rita Plaza

Applicant: Helen Johnson; Girtain Sign Company

Property Owner: Robert Taft & Silvia Silvio

Existing Use: Single Family Residential

Proposed Use: Single Family Residential

Proposed Construction: Repairing pylon sign.

Conditions: An additional zoning permit is required for any sign or banner or any other additional work.

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
Principal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

APR 14 2008

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 403 LOT 11 QUALIFIER ——

PROPERTY ADDRESS 249 Chambers Bridge Rd.

PERSONAL NAME OF APPLICANT Helen Johnson

BUSINESS NAME OF APPLICANT Certain Sign Co.

MAILING ADDRESS OF APPLICANT 1765 Rt 9 Toms River N.J. 08755

PROPERTY OWNER'S FULL NAME Robert Toft & Silvio Silvio

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) Businesses, candy restaurant dance etc.

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) Strip mall - Rita's Plaza

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) Repairing 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.

COMMERCIAL

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT _____ Date 3/24/08

Reviewed by Zoning Office _____ Date 4/14/8 (X) Approved ( ) Denied

4/11/08

TOWNSHIP OF BRICK

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

Stephen C. Acropolis, Mayor

Department of Engineering

Date: 4/11/08

PLOT PLAN EXEMPT FORM

Block: 702 Lot: 11

Property Address: 249 Chambersbridge Rd

I, Silvio Silvi (name) of 2310 Tapestry Ct. Toms River N.J. 08755. (address)
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.

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: 4/16/08 Signed:

Rejected on: Signed:

Comments: N/A Env

COMMERCIAL

311 ACCESS BRICK TOWNSHIP

Brick Township
Code Enforcement
401 Chambers Bridge Rd
Brick Township, NJ 08723

Violation # CVIO-08-00603

Re: 249 CHAMBERS BRIDGE RD.
Block 702 Lot 11 Qual

Violation Notice

TAFF, ROBERT H & SILVI, SILVIO
2310 TAPESTRY COURT
TOMS RIVER, NJ 08755

☑ Issued to Owner
☐ Issued to Tenant

You are hereby notified that a code official inspected the above referenced premises and determined that there is a violation of the township code. The violation listed below must be completed on or before the violation abatement date indicated. Failure to obey this order of the code official shall result in the issuance of a summons resulting in a mandatory court appearance and possible penalty assessment in compliance with this code.

Inspection Date: 03/12/2008

Violations to be Abated by: 03/27/2008

The following violation(s) were found

Section 601.2

Title Responsibility

The owner of the structure shall provide and maintain mechanical and electrical facilities and equipment in compliance with these requirements. A person shall not occupy as owner-occupant or permit another person to occupy any premises which does not comply with the requirements of this chapter.

Summary of infraction

This notice is to advise you that the above property is in violation for the following: Pylon sign has exposed romex wiring. It is a potiential public safety hazard. This sign needs to be repaired immediately. Failure to comply will result in summonses, mandatory court appearance and fines up to $2000.00 per summons per day if not in full compliance by 3/27/2008. If you have any questions or concerns contact me Darren Terrizzi at 732-262-4794. Thank you in advance for your cooperation.

You may call the Code Enforcement office if you have any further questions concerning this matter at 732 262 1033

Darren P. Terrizzi

Darren Terrizzi 732-262-4794

Date Printed 03/12/2008

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name:	GIRTAIN SIGN COMPNAY L L C
Trade Name:	
Address:	1765 ROUTE 9 TOMS RIVER, NJ 08755
Certificate Number:	0082734
Date of Issuance:	January 30, 2006

For Office Use Only:

20060130155247418

609-448-8602

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

☒ Zoning Application deemed complete Initialed: [illegible] Date: 8/4/11

☐ Zoning Application approved Initialed: _____ Date: _____

☐ Zoning permit updates:

_____

_____

_____

IMPORTANT

A.H.B.T. - EXEMPT