

06-4079



1. IDENTIFICATION

1. Proposed Work Site at: ECLIPSE COMPUTING SOLUTIONS

2. Name of Owner in Fee: PETER KOS Tel. [REDACTED]

Address 125 CHAMBERS BRIDGE RD. BRICK 08723
street municipality zip code

3. Ownership in fee: Public _____ Private _____

4. Principal Contractor: SIGN DESIGN AND MORE Tel. (732) 863-0055

Address 2233 US HWY. 9 N HOWELL, NJ 07731

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Federal Employee No. 200848583 FAX: (732) 863-1113

5. Architect or Engineer _____ Tel. (____) _____

Address _____ Contact _____

6. Responsible Person in Charge once Work has Begun NICK STRANIERI

Tel. 732 863-0055 FAX: 732 863-1113

Sign (Eclipse Computing)

V. FEE SUMMARY (for office use only)

1.	Building	\$	400		
2.	Electrical				
3.	Plumbing				
4.	Fire Protection				
5.	Elevator Devices				
6.	Subtotal	\$	3		
7.	Less 20% for State Plan Review				
8.	Subtotal	\$			
9.	State Permit Fee Surcharge				
10.	Subtotal	\$			
11.	Cert. of Occupancy				
12.	Other 214		30		
13.	TOTAL	\$			

VI. BUILDING/SITE CHARACTERISTICS

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 _____

(office use only)

II. PROPOSED WORK

1. ☐ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☐ a. Repair
☐ b. Alteration
☐ c. Renovation
☐ d. Reconstruction
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

TOTAL COSTS

Est. Cost

Plans
Rec'd by

Date Rec'd

Rejection
Date

Approval
Date

Re-viewer

Resubmit Approval

Rejection

Re-viewer

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, indicate Former:

4. No. of dwelling units:

Before Construction

After Construction

Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ 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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee, and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

☐ Check if contractor.

Agent Name Mark Thomas

Address 2233 US 1179 N

Howell NJ 07701

Telephone (732) 863-0055

Signature _____

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

**ANY BUILDING QUESTIONS
CALL 732-262-1027**

FOR OFFICE USE ONLY

Constituent Contact Report

[illegible]

☒ Zoning Application deemed complete

Initialed:

Date:

☐ Zoning Application approved

Initialed:

Date:

☐ Zoning permit updates:



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/16/2009
Control Number C-06-105817
Permit Number 06-4079
Permit Issue Date 12/19/2006
Certificate Number 06-4079

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 125 CHAMBERS BRIDGE RD. Brick Township, NJ Block: 702.07 Lot: 9 Qual: _____
Owner in Fee: KOS, PETER E & JOHN T
Owner Address: 125 CHAMBERS BRIDGE ROAD BRICK NJ 08723
Telephone: [REDACTED]
Contractor SIGN DESIGN AND MORE
Address 2233 US HWY 9 NORTH HOWELL NJ 07731
Telephone: (732) 963-0055 Fax: (732) 863-1113
License Number or Builders Registration Number: _____ Federal Emp. Number: 20-0848583
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 REPLACE 2 SIGNS W/ ENTRY

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

Date Printed: 11/16/2009

U.C.C. F260 (rev. 08/05)

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1



CONSTRUCTION PERMIT

Date Issued 12/19/2006
Control # C-06-105817
Permit # 06-4079

IDENTIFICATION Block: 702.07 Lot: 9 Qualifier _____
Work Site Location: 125 CHAMBERS BRIDGE RD. Brick Township, NJ Contractor SIGN DESIGN AND MORE
Address 2233 US HWY 9 NORTH HOWELL NJ 07731
Owner in Fee KOS, PETER E & JOHN T
Address 125 CHAMBERS BRIDGE ROAD BRICK NJ 08723 Telephone: (732) 963-0055
Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. 20-0848583

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 REPLACE 2 SIGNS W/ ENTRY

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 \$2,000

[Signature]
Construction Official

Date 12-19-06

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	\$40
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$3
CO Fee	
Other	\$30
Total	\$73
Check No.	1792
Cash	\$0
Credit	\$0
Collected By	Bernadette Ritchings

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**



COMMERCIAL

Date Received
Control #
Date Issued
Permit #

06-4079

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

Block 702-07 Lot 9 Qualification Code _____

Work Site Location 125 Chamber Street Ea

BRICK NJ 08723

Owner In Fee: PETER KOS

Te: [REDACTED] e-mail: [REDACTED]

Address 51ME N AORNT Street Municipality Zip code

Contractor: SLAN DESIGN & MORE Tel. (732) 863-0055

Address 2233 US HWY 90A 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 _____

☒ No Plans Required 12/13/06

☐ All _____

☐ Footing _____

☐ Foundation _____

☐ Frame _____

☐ Other _____

Joint Plan Review Required: _____

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL _____

☐ CO ☐ GCO ☐ CA

Date: 11/19/09

Approved by: [Signature]

INSPECTIONS Failure Failure Approval Initial

Footings _____

Foundation _____

Slab _____

Frame _____

Truss Sys./Bracing _____

Barrier-Free _____

Insulation _____

Finishes -Base Layer _____

Finishes -Final _____

Energy _____

Mechanical _____

TCO _____

Other _____

Final _____

Barrier-Free _____

Est. Cost of Bldg. Work: _____

1. New Bldg. \$ 8000

2. Rehabilitation \$ _____

3. Total (1+2) \$ _____

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 [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

As per sign only

Street Address must be on sign

TYPE OF WORK:

☐ New Building

☐ Addition

☐ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence

☒ Sign 15' x 12' Height (exceeds 6') _____

☐ Pool _____

☐ Retaining Wall _____

☐ Asbestos Abatement Subchapter 8 _____

☐ Lead Haz. Abatement NJAC 5:17 _____

☐ Radon Remediation _____

☐ Other _____

☐ Demolition _____

FEE (Office Use Only)

\$ _____

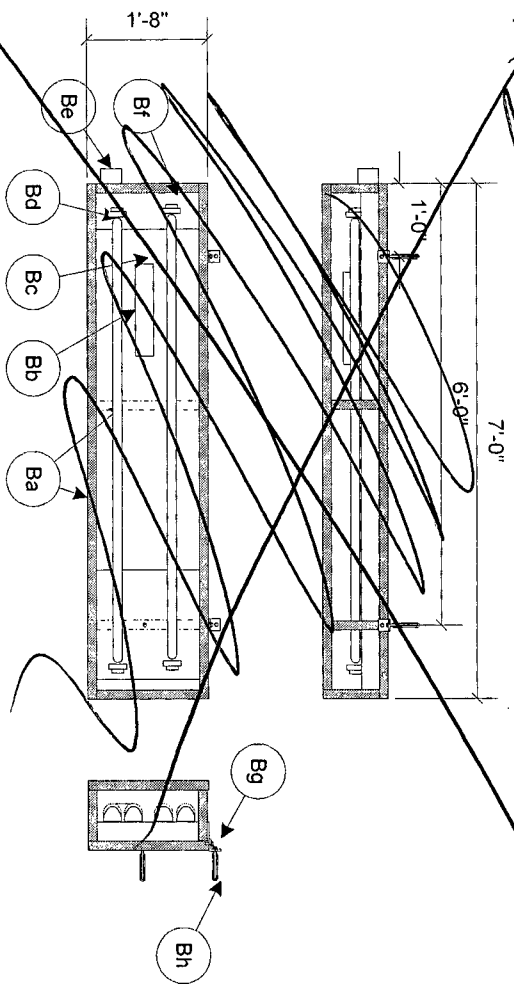
Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

Light Cabinet Attached to Building



ITEM	DESCRIPTION
Ba	Sign Cabinet Frame, 1-1/2 inch angle iron, welded
Bb	Ballast, 120V, 60Hz, sign-grade, UL listed outdoor use
Bc	Lamp, Fluorescent, sign-grade, UL listed outdoor use
Bd	Tombstone Lamp Socket, sign-grade, UL listed outdoor use
Be	Disconnect switch, sign-grade, UL listed outdoor use
Bf	Raceway, wiring secured per UL
Bg	2" x 2" Sign Shoe, galvanized steel, bolted to frame
Bh	Bolt, Washer & Compression Plug Set, Steel

Manufacturer's UL Listing:

Method of Attachment

- Design wind load of 115 MPH, 3 second gust (30 psf).
- Attachment to masonry building wall via no less than four (4) 1/4 inch steel bolt, washer, and compression plug sets as shown on drawing.
- Attachment to existing pole via steel bolts through sign cabinet structure, top and bottom.
- Wind Load of 30 psf x 18 sf = 540 lbs wind load

Light Cabinet atop Existing Pole

Brick Township

Plan Review Class Date

Zoning *by law sign* 12/11/16

Plumbing

Building

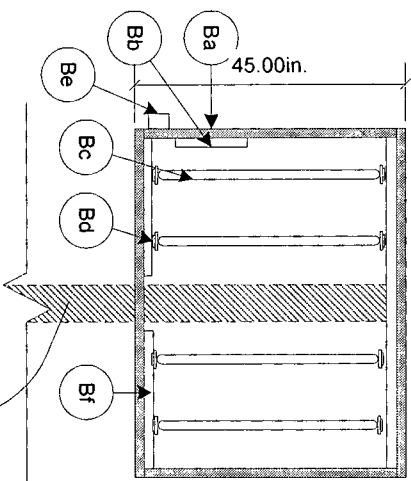
Fire

Electrical

ITEM	HEIGHT	WIDTH	SIGN AREA
Sign on Pole (2 Sides)	45 in.	57 in.	36 ft²

ESTIMATED MAXIMUM WEIGHT

ITEM	UNIT WEIGHT	BLDG SIGN		POLE SIGN	
		QTY	WEIGHT	QTY	WEIGHT
Frame	1.23 lbs/ft	34 ft	42 lbs	41 ft	51 lbs
Ballasts	10 lbs each	1	10 lbs	1	10 lbs
Bulbs	2 lbs each	2	4 lbs	4	8 lbs
Aluminum	0.576 lb/ft²	41 ft²	24 lbs	15 ft²	9 lbs
Wiring, Sockets, & Misc.	5 lbs		5 lbs		5 lbs
Acrylic Face	0.737 lb/ft²	10 ft²	8 lbs	36 ft²	27 lbs
ESTIMATED TOTAL:			93 lbs		110 lbs



Existing pole.

Shade any

	PROJECT	NEW FACES AND NEW LIGHTBOX	
	PAGE TITLE	Attachment-Construction	SCALE
732-863-0055		1:32	PAGE 2 OF 2



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 702-07 Lot 9 Qualification Code _____

Work Site Location 125 CHAMBER BROSKE RD

PERMIT NO. 08223

Owner in Fee: PERMIT NO. 08223

Tel. _____ e-mail _____

Address 5100 N. AVE _____

Contractor: SLAN DESIGN + MORE Tel. (732) 663-0055

Address 2233 US HWY 9W _____

Contractor License No. or Builder Registration No. _____

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

Federal Emp. ID No. _____ FAX: () _____

Exp. Date _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial _____

☒ No Plans Required 12-130614

☐ All _____

☐ Footing _____

☐ Foundation _____

☐ Slab _____

☐ Frame _____

☐ Truss Sys./Bracing _____

☐ Barrier-Free _____

Joint Plan Review Required: _____

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator _____

SUBCODE APPROVAL _____

☐ CO ☐ CCO ☐ CA _____

Date: _____

Approved by: _____

TCO _____

Other _____

Final _____

Barrier-Free _____

INSPECTIONS _____

Failure _____

Failure _____

Approval _____

Initial _____

Dates (Month/Day) _____

Est. Cost of Bldg. Work: _____

1. New Bldg. \$ 2000

2. Rehabilitation \$ _____

3. Total (1+2) \$ _____

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

As per sign only

Street Address MUST Be on Sign

TYPE OF WORK:

☐ New Building

☐ Addition

☐ Rehabilitation

☐ Roofing

☐ Siding

☒ Fence _____

☒ Sign 15/12 Sq. Ft. _____

☐ Pool _____

☐ Retaining Wall _____

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Radon Remediation

☐ Other _____

☐ Demolition

FEE (Office Use Only)

\$ _____

Date Received _____

Control # _____

Date Issued _____

Permit # _____

06-4079

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



Federal Emp. ID No. _____

FAX: (_____) _____

Barrier-Free

Volume of New Structure _____ Cu. Ft.

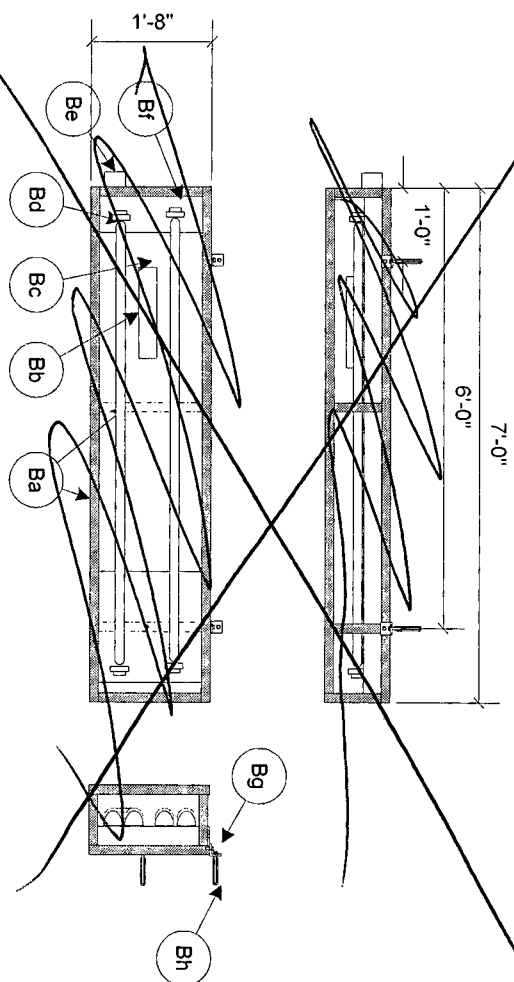
~~By the way, I have~~
By the way only

Street Address MUST Be on Sign

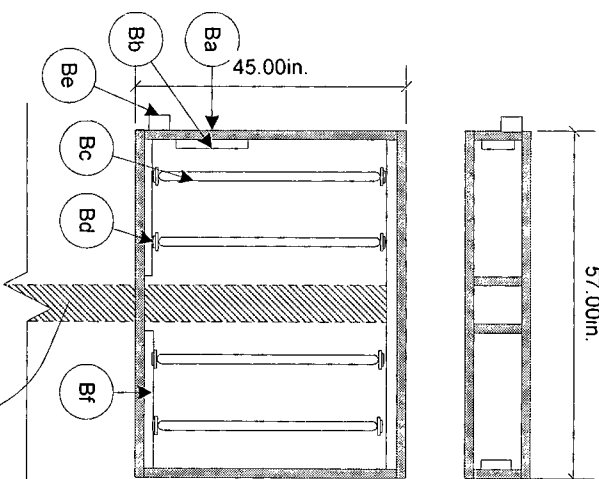
[] Other _____

TOTAL FEE \$

~~Light Cabinet Attached to Building~~



Light Cabinet atop Existing Pole



Existing pole.

Sign Design & More
See plan
See cut

ITEM	DESCRIPTION
Ba	Sign Cabinet Frame, 1-1/2 inch angle iron, welded
Bb	Ballast, 120V, 60Hz, sign-grade, UL listed outdoor use
Bc	Lamp, Fluorescent, sign-grade, UL listed outdoor use
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Be	Disconnect switch, sign-grade, UL listed outdoor use
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Manufacturer's UL Listing:

Method of Attachment

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- Wind Load of 30 psf x 18 sf = 540 lbs wind load

Brick Township
 Class
 Date
 Plan Review
 Zoning
 Plumbing
 Building

ITEM	HEIGHT	WIDTH	SIGN AREA
Sign on Pole (2 Sides)	45 in.	57 in.	36 ft ²

ESTIMATED MAXIMUM WEIGHT					
ITEM	UNIT WEIGHT	QTY	WEIGHT	QTY	WEIGHT
Frame	1.23 lbs/ft	34 ft	42 lbs	41 ft	51 lbs
Ballasts	10 lbs each	1	10 lbs	1	10 lbs
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Wiring, Sockets, & Misc.	5 lbs		5 lbs		5 lbs
Acrylic Face	0.737 lb/ft ²	10 ft ²	8 lbs	36 ft ²	27 lbs
ESTIMATED TOTAL:			93 lbs		110 lbs

PROJECT		NEW FACES AND NEW LIGHTBOX	
PAGE TITLE	Attachment-Construction	SCALE	1: 32
PAGE	2 OF 2		

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Joseph C. Scarpelli, Mayor

Township Council:

Anthony Matthews - President
Stephen C. Acropolis - Vice-President
Kathy M. Russell
Joseph Sangiovanni
Ruthanne Scaturro
Michael A. Thulen, Sr.
Dan Toth



Department of Engineering

Office of the Municipal Engineer

(732) 262-1040

Fax: (732) 262-8954

<http://www.twp.brick.nj.us>

Date: _____

PLOT PLAN EXEMPT FORM

Block: 702-07 Lot: 9

Property Address: 125 CHAMBER PRICE RD BRICK 08723

I, NICOLA STRANIERI of 2233 US HWY 9 N HOWELL
(name) (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

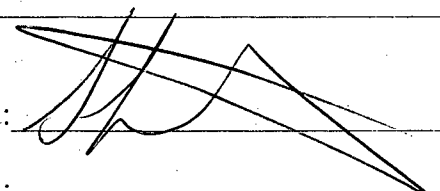
The following shall be submitted with this request:

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: 12/13/06

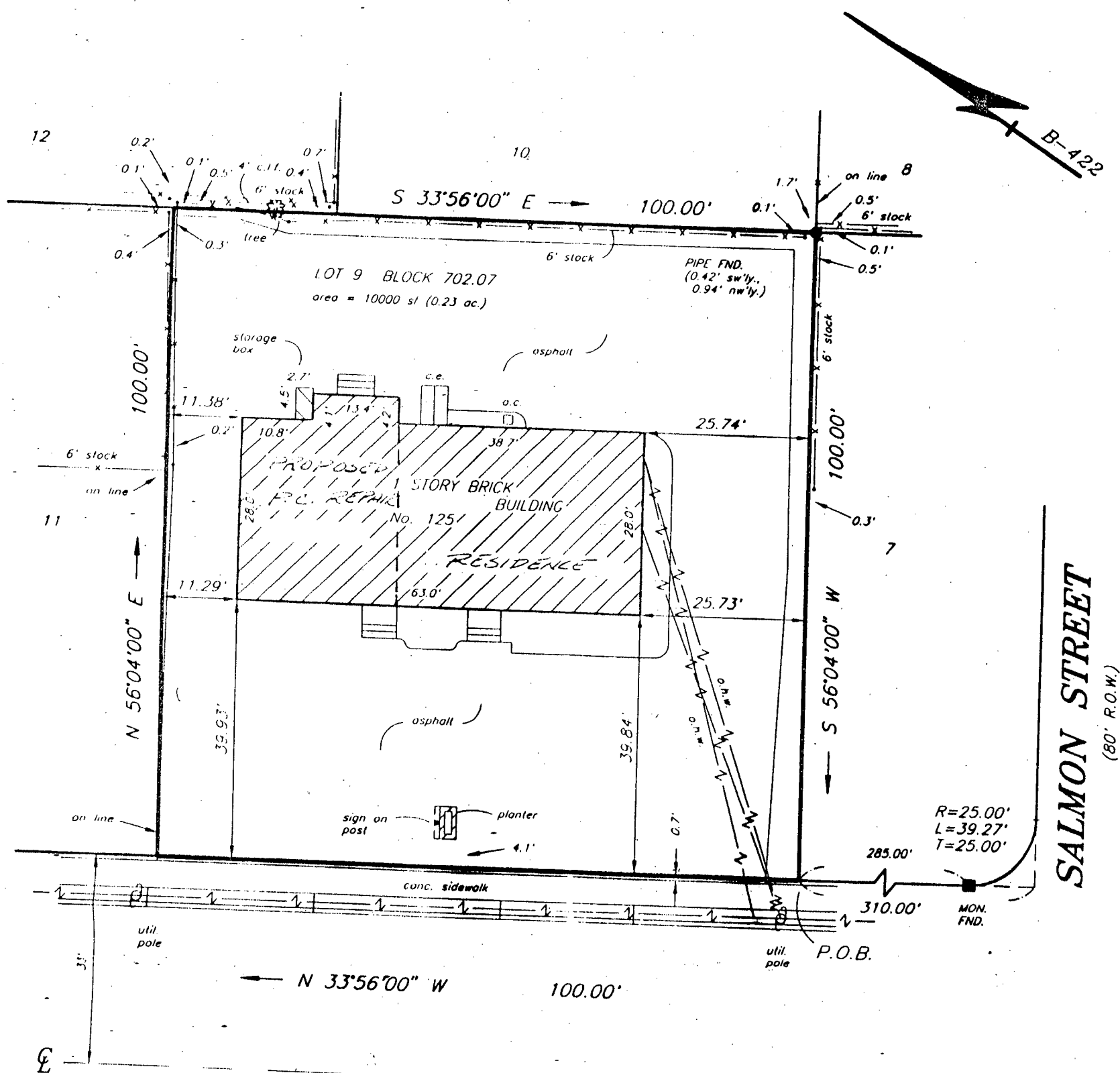
Signed: 

Rejected on: _____

Signed: _____

Comments:

COMMERCIAL



CHAMBERS BRIDGE ROAD

(66' R.O.W.)
(CHAMBERSBRIDGE ROAD)

DEED DESCRIPTION:

BEING KNOWN AND DESIGNATED AS LOT 9 IN BLOCK 702-A7 AS SHOWN ON A MAP ENTITLED, "REVISED MAP, PART OF SECTION No. 2, LAURELTON ACRES, BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY," WHICH SAID MAP WAS DULY FILED IN THE OCEAN COUNTY CLERK'S OFFICE ON OCT. 6, 1958 AS MAP NO. B-422.

NOTES:

1. ALSO KNOWN AS LOT 9 IN BLOCK 702.07 AS SHOWN ON THE OFFICIAL TAX MAP OF THE TOWNSHIP OF BRICK, COUNTY OF OCEAN AND STATE OF NEW JERSEY.
2. THE PREMISES ARE COMMONLY KNOWN AS 125 CHAMBERSBRIDGE ROAD, BRICK, NEW JERSEY.
3. CORNER MARKER WAIVER OBTAINED FROM ULTIMATE USER PURSUANT TO THE BOARD OF PROFESSIONAL ENGINEERS AND LAND SURVEYORS REGULATION, N.J.A.C. 13:40-5.1(d)
4. UNDERGROUND UTILITIES NOT LOCATED BY THIS SURVEY.

THIS SURVEY CERTIFIED ONLY TO:

- PETER KOS

RWP

Ronald W. Post Surveying, Inc.
Professional Land Surveying and Planning
1792 Hinds Road, Toms River, NJ, 08753
Phone: (732)-255-9050 Fax: (732)-255-9196

Ronald W. Post
Professional Land Surveyor N.J. Lic. 28534
Professional Planner N.J. Lic. 02940

Ronald W. Post
5-20-2002

SURVEY OF PROPERTY

LOT 9 BLOCK 702.07

BRICK TOWNSHIP

OCEAN COUNTY, NEW JERSEY

Scale 1"=20' Dr. S.E.M. Chk. Roop Date 5-20-2002 Job No. 020537

Post
11/14/06

**Township of Brick
Zoning Permit**

Approved: Monday, December 11, 2006 **Number:** 1476

Block 702.07 **Lot** 9 **Zone:** B-2, Gen. Business

Property Address: 125 Chambers Bridge Road

Applicant: Louis Berkowitz; Eclipse Computing Solutions, LLC

Property Owner Peter Kos

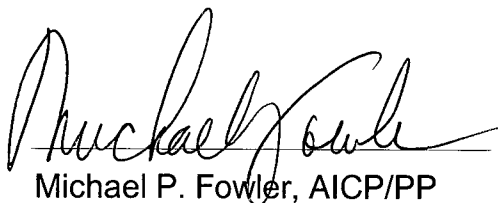
Existing Use: Computer repair shop.

Proposed Use: Computer repair shop.

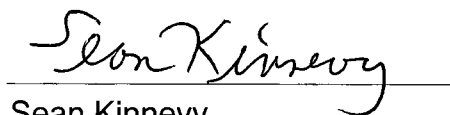
Proposed Construction: Replace sign cabinet on existing pylon, 45' x 57', "Eclipse Computer Solutions".

Conditions: The street address number must be displayed on the sign or pylon.
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

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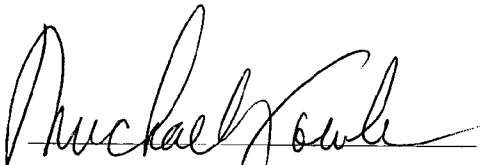
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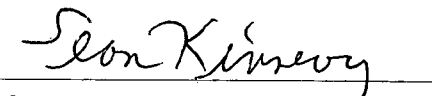
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Michael P. Fowler, AICP/PP
Principal Planner


Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

NOV 20 2006

DEC 5 2006

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

BLOCK 702.07 LOT 9 QUALIFIER _____
PROPERTY ADDRESS 125 Chambers Bridge Rd
PERSONAL NAME OF APPLICANT Louis Berkowitz
BUSINESS NAME OF APPLICANT Eclipse Computing Solutions, LLC
MAILING ADDRESS OF APPLICANT 125 Chambers Bridge Rd, Brick
PROPERTY OWNER'S FULL NAME Peter Kos

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling

☒ Commercial (please describe) Computer repair shop ECLIPSE Computing

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling

☒ Commercial (please describe) ECLIPSE Computing

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 existing sign Python sign only

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 9/28/06

Reviewed by Zoning Office [Signature] Date 11/27/06 ☒ Approved ☒ Denied

March 2003-----

COMMERCIAL

[Signature]
11/14/06

TOWNSHIP OF BRICK

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



Joseph C. Scarpelli, Mayor

Township Council:

Anthony Matthews - President
Stephen C. Acropolis - Vice-President
Kathy M. Russell
Joseph Sangiovanni
Ruthanne Scaturro
Michael A. Thulen, Sr.
Dan Toth

November 27, 2006

Department of Administration & Finance
Division of Land Use and Planning

Sean Kinnevy
Zoning Officer
(732) 262-1041
skinn@twp.brick.nj.us

Kate MacDonald
Asst. Zoning Officer
(732) 262-1043
Fax: (732) 262-8954
kmacdon@twp.brick.nj.us
<http://www.twp.brick.nj.us>

Louis Berkowitz
Eclipse Computing Solutions, LLC
125 Chambers Bridge Road
Brick, NJ 08723

Re: Block 702.07, Lot 9
125 Chambers Bridge Road
Zoning Permit Application

Dear Mr. Berkowitz:

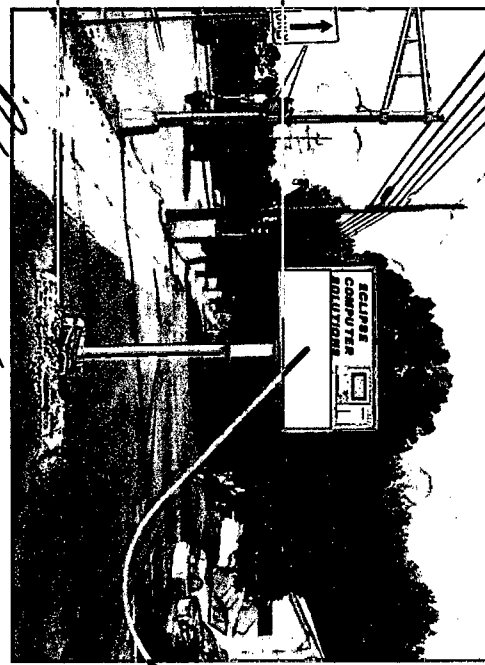
Your zoning permit application for a pylon sign on the referenced property cannot be approved because the drawings submitted also show a proposed wall sign on the side of the building, which is not permitted. Please meet with the Zoning Permit Clerk and amend your application.

Very truly yours,

Sean Kinnevy
Zoning Officer

C: Daniel Newman, Jr., Construction Official
Zoning Office File

12/5/06 - Resubmitted for



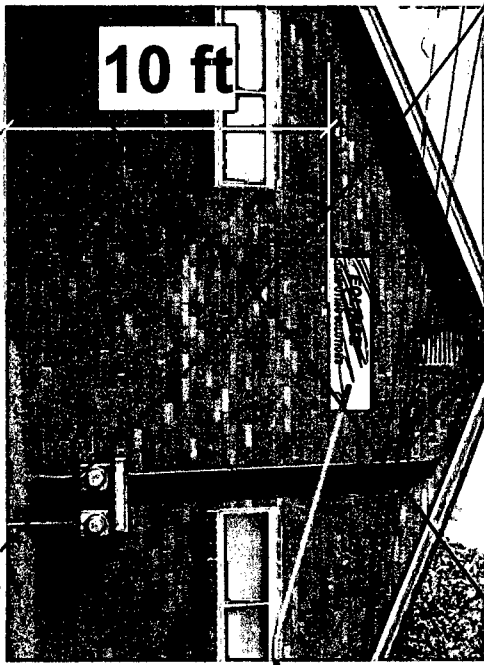
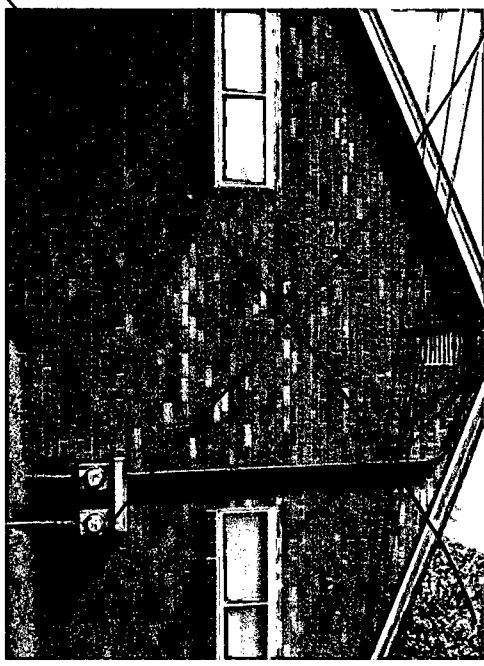
Remove only

Remove only

Proposed Scope of Work

1. Remove existing double sided 3ft x 5ft light cabinet from atop pole and replace with a new UL Listed double sided 45in x 57in light cabinet. New face has 3 tracks for 3 lines of changeable letters
Height to bottom of sign remains 7 ft.

*2. Add a new 30" x 72" UL listed lightbox to side of building
Height to bottom of sign is 10 ft*



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No sign at

Current

Plan Review Class Date By **Proposed**

Zoning *pylon sign* *12/11/6* *NE*

Plumbing _____

Sign Area Building _____

Pylon: 3 ft x 5 ft x 2 sides = 30 sf

Fire _____

Electrical _____

Brick Township

Sign Area Building _____

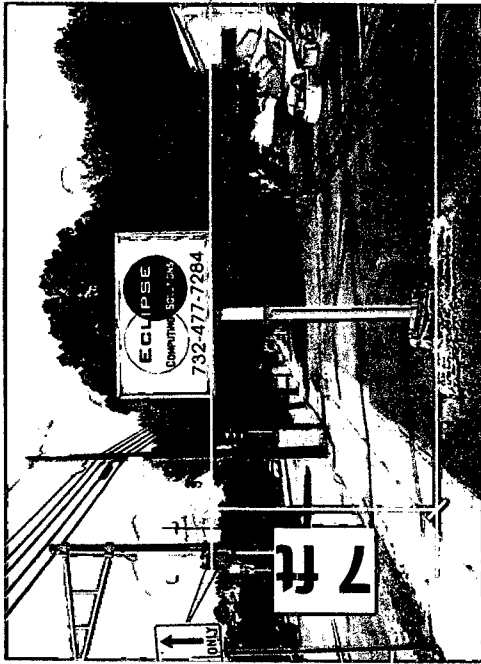
Pylon: 45in x 57in x 2 sides = 36 sf

Building: 20 in x 72 in = 10 sf

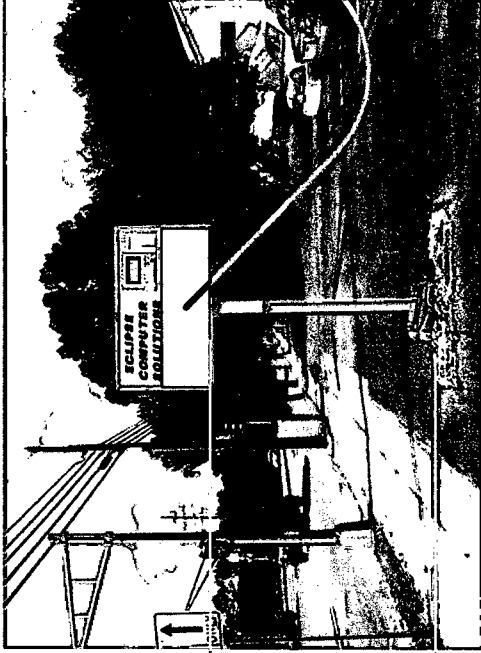
Total: 46 sf

no sign at the site

PROJECT		NEW FACES AND NEW LIGHTBOX	
WORK SITE LOCATION		Eclipse Computing Solutions 125 Chambers Bridge RD Brick Twp, NJ 08723	
2233 Hwy 9 North Howell, NJ 07731 732-863-0055	BLOCK 702.07	LOT 9	ORDER NO.
FILENAME ECLIPSE COMPUTING, 125 CHAMBERSBRIDGE, BRICK, NJ V2.VSD	PAGE TITLE Project Overview	SCALE n/a	PAGE 1 OF 2



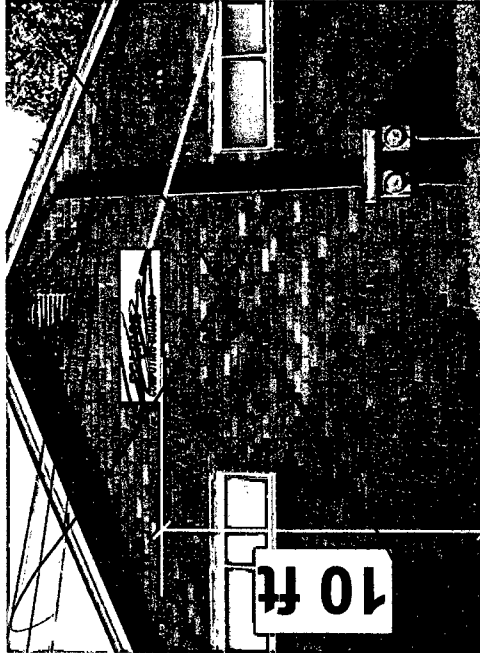
Pylon sign avg



Pylon sign avg

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Brick Township

Current Plan Review **Class** Date By **Proposed**

Zoning *pylon sign* *12/11/06* *RE*

Sign Area Plumbing

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Fire

Electrical

Sign Area

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Building:

20 in x 72 in = 10 sf

Total: 46 sf

PROJECT	NEW FACES AND NEW LIGHTBOX			
WORK SITE LOCATION		BLOCK		LOT
Eclipse Computing Solutions 125 Chambers Bridge RD Brick Twp, NJ 08723		702.07		9
ORDER NO.		PROJECT OVERVIEW		
2233 Hwy 9 North Howell, NJ 07731 732-863-0055		SCALE n/a		
FILENAME		PAGE		
ECLIPSE COMPUTING, 125 CHAMBERS BRIDGE RD, BRICK, NJ 08723		1 OF 2		