BLOCK 8470 LOT 1 QUALIFICATION CODE C21-141 ADDRESS (SITE) RT 88 OLDEN ST PERMIT NO. 99-2573

CONSTRUCTION PERMIT APPLICATION

pls rush

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

I. IDENTIFICATION

1. Propsed Work Site at: RT 88 OLDEN ST. Lavallton Fire House 1730 W. Princeton Ave.
2. Name of Owner in Fee: Lavallton Fire Company Tel. (732) 458-5066
   Address PO Box 312 (street) BRICKTOWNSHIP (municipality) NJ. 08723 (zip code)
3. Ownership in Fee: Public ✓ Private
4. Principal Contractor: Central Jersey Signad Tel. (732) 922-9884
   Address 3420 Route 66 Neptune NJ 07753
   License No. OR, if new home, Builder Reg. No. Exp. Date
   Federal Employee No. FAX: ( )
5. Architect or Engineer Tel. ( )
   Address
6. Responsible Person in Charge of Work Gregory KAVANAGH
   Tel. (732) 840-4466 FAX ( )

6/30 MM

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	✓ $		
2. Electrical	✓		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$ No Fee		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

NO FEE REQUIRED
APPROVED BY ____ DATE 6-29-99

COMMERCIAL

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	

$195

II. PROPOSED WORK

	Est. Cost	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					62999	MM			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		EWR	6/28/99		N/A				
TOTAL COSTS									

OPTIONAL (for office use only)

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 USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2) 0
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 0

B. NON-RESIDENTIAL
1. State Specific Use: Municipal Garage
2. Use Group: S-1
3. Change in Use Group, Indicate Former:

LDS BR 10400803

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 Gregory A. Kavanagh Date 5-27-99

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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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. _____	_____	_____	_____	_____

exempt

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 07/12/99
Control #
Permit # 99-2573

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 847 Lot 1 Qual

Work Site Location 1730 W PRINCETON AVE
REPLACEMENT SIGN
Owner in Fee LAURELTON FIRE COMPANY
Address P O BOX 312
BRICK, NJ 08723-
Telephone (732)458-5066

Contractor CENTRAL JERSEY SIGNAD
Address 3420 ROUTE 66
NEPTUNE, NJ 07753-
Telephone (732)922-9884
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
REPLACEMENT OF SIGN FREE STANDING FOR FIRE HOUSE

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 $ 2,100

Construction Official

07/12/99
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	0
Check No.	
Cash	
Collected By	

U.C.C. F170 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/21/99
Date Issued 7/12/99
Control # C21-741
Permit # 99-2573

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

Block 847 Lot 1 Qual
Work Site Location 1730 W PRINCETON AVE
REPLACEMENT SIGN
Owner in Fee LAURELTON FIRE COMPANY
Address P O BOX 312
BRICK, NJ 08723-
Tele.(732)458-5066
Contractor CENTRAL JERSEY SIGNAD
Address 3420 ROUTE 66
NEPTUNE, NJ 07753-
Tele.(732)922-9884 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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

REPLACEMENT OF SIGN FREE STANDING FOR FIRE HOUSE

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	6/22/99	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 6-24-00 FM
Approved By: Per Joe Comizzo

INSPECTIONS	Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing	9/23	2000			
Foundation					
Slab					
Frame					
BarrierFree					
Insulation					
Finishes					
Energy					
Mechanical					
TCO					
Other					
Final					
BarrierFree					

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 32 Sq. Ft.	32
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

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 $ 2,000
3. Total (1+2)$ 2,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 3
Collected by: TOTAL FEE	$ 0
DCA Training Fee	$ 0

U.C.C. F110 (rev. 3/96)

8/23/2000 Left Door hinges on footing + final inspection
KB

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

NOTICE
BUILDING
CHANGE
TECHNICAL SECTION

NOT A NEW CERT.

COMMERCIAL

Permit # 1[illegible]
Date Issued 08/21/00
Date Received 08/21/00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/21/99
Date Issued 7/12/99
Control # C21-741
Permit # 99-2573

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

Block 847 Lot 1 Qual
Work Site Location 1730 H PRINCETON AVE
REPLACEMENT SIGN
Owner in Fee LAURELTON FIRE COMPANY
Address P O BOX 312
BRICK, NJ 08723-
Tele.(732)458-5066
Contractor CENTRAL JERSEY SIGNAD
Address 3420 ROUTE 66
NEPTUNE, NJ 07753-
Tele.(732)922-9884 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Exp. No.

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

REPLACEMENT OF SIGN FREE STANDING FOR FIRE HOUSE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	6/21/99	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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 32 Sq. Ft.	32
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

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 $ 2,000
3. Total (1+2)$ 2,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 3
Collected by: TOTAL FEE	$ 0
DCA Training Fee	$ 0

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/21/99
Date Issued 7 12 99
Control # C21-741
Permit # 99-2573

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

Block 847 Lot 1 Qual
Work Site Location 1730 W PRINCETON AVE
REPLACEMENT SIGN
Owner in Fee LAURELTON FIRE COMPANY
Address P O BOX 312
BRICK, NJ 08723-
Tele.(732)840-4460 Fax ( )
Contractor KAVANAGH ELECTRICAL CONTRACT
Address 693 SUMMIT AVE
BRICK, NJ
Tele.(732)840-4460
Lic. No. or Bldrs. Reg. No. E1 10491
Federal Emp. No. 15-8684931

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 6 29 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	
1		TOTAL NUMBERS	35
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	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 0
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 06/21/99
Date Issued 7/2/99
Control # C21-741
Permit # 99-2573

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

Block 847 Lot 1 Qual
Work Site Location 1730 N PRINCETON AVE
REPLACEMENT SIGN
Owner in Fee LAURELTON FIRE COMPANY
Address P O BOX 312
BRICK, NJ 08723-
Tele.(732)840-4460 Fax ( )
Contractor KAVANAGH ELECTRICAL CONTRACT
Address 693 SUMMIT AVE
BRICK, NJ
Tele.(732)840-4460
Lic. No. or Bldrs. Reg. No. EI 10491
Federal Emp. No. 15-8684931

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 6 29 99
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Dates (Month/Day)

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		Energency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	35
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	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

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 $ 0
Collected by: TOTAL FEE $ 0
DCA Training Fee $ 0

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

TOWNSHIP OF BRICK
ZONING PERMIT

Permit Approved: June 22, 1999 No. 1999-1008

Block 847 Lot 1 Zone:

Property Address: 1730 W. Princeton Avenue

Owner: Laurelton Fire Company Phone: 458-5066

Applicant: Gregory Kavanagh Phone: 840-4460

Existing Use: Fire House

Proposed Use: Same

Proposed Construction: Replace ground sign at the corner of Route 88 and Olden Street, 4'5" x 8', 14'5" high

Conditions:
The sign to be same size and location.
The sign may not exceed above the roof line.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis which 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 P. Kinnevy
Zoning Officer

RECEIVED
JUN 22 1999
ZONING

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

BLOCK 847 ~~.05~~ LOT 1 ~~.02~~

PROPERTY ADDRESS RT 88 + OLDEN ST PO. BOX 312 BRICKTOWNSLIP NJ 08723

NAME OF OWNER Laurelton Fire Company OWNER'S PHONE (732) 458-5066

NAME OF APPLICANT Laurelton Fire Company (Gregory S KAVANAGH)

APPLICANT'S COMPLETE ADDRESS ~~Same~~ RT 88 + Olden St Brick, NJ 08723

APPLICANT'S PHONE NUMBER (SAME APPLICANT'S BUSINESS NAME SAME

PRESENT USE OF PROPERTY (check one)

- ☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment
- ☒ Commercial (please describe) FIRE House
- ☐ Other (please describe) _____

PROPOSED USE OF PROPERTY (check one)

- ☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment
- ☒ Commercial (please describe) FIRE House
- ☐ Other (please describe) _____

PROPOSED CONSTRUCTION SIGN

All Dimensions 4'5" W 8' L ~~Ht~~ Ht 14'5"

Deck or Garage ☐ Attached ☐ Detached

Fence Type _____ Ht _____

CHECKLIST:

- ☐ All information completed above
- ☐ Two (2) accurate Survey / Plot Plans containing:
  - ☐ all existing and proposed structures
  - ☐ all dimensions of lot and structures
  - ☐ set backs to all property lines
  - ☐ all streets and waterways shown
- ☐ If approved by Planning Board or Board of Adjustments, include copy of resolution

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 Gregory S. Kavanagh Date 5/27/99

Reviewed by Zoning Officer Date 6/22/99 ☒ Approved ☐ Rejected

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 547 LOT 1 SITE ADDRESS [illegible]
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS [illegible]

APPLICANT [illegible] PHONE NUMBER [illegible]
APPLICANT ADDRESS [illegible] CITY & STATE [illegible]
PERMIT # [illegible] 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 %

X Commercial is .01 %

Estimated Assessment $ ∅ Date 1-24-99

Estimated Required Fee $ ∅

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 KT DATE 1-25-99

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: 6-24-99

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 547 LOT 1 SITE ADDRESS 1130 W. Princeton Ave

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS Sign Lauretta Fire Co

APPLICANT Comm. 1 Jersey Sign CITY & STATE Neptune, 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 + 2

Frederick R. Millman, CTA, Tax Assessor

6/30/99
Date

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

$ _____

Frederick R. Millman, CTA, Tax Assessor

Date

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

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

Department of Administration & Finan

Division of Inspections
Joseph Curlazza
Construction Official
(732) 262-1030
Fax (732) 262-8954
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

Date: 06-21-99

Municipal Engineer
401 Chambers Bridge Rd
Brick, N.J. 08723

RE: Block: 847.4 Lot: 1-12

I, _____ (name) of _____ (address)

request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190-31, part B. The property (pl. circle one) is/is not located in a flood zone.

Respectfully yours,

_____
applicant's signature

COMMERCIAL

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.

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

Note: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

Approved X Date: 6/24/99 By: [signature]

Rejected Date: _____ By: _____

Remarks: _____

Sign Permits

Township of Brick

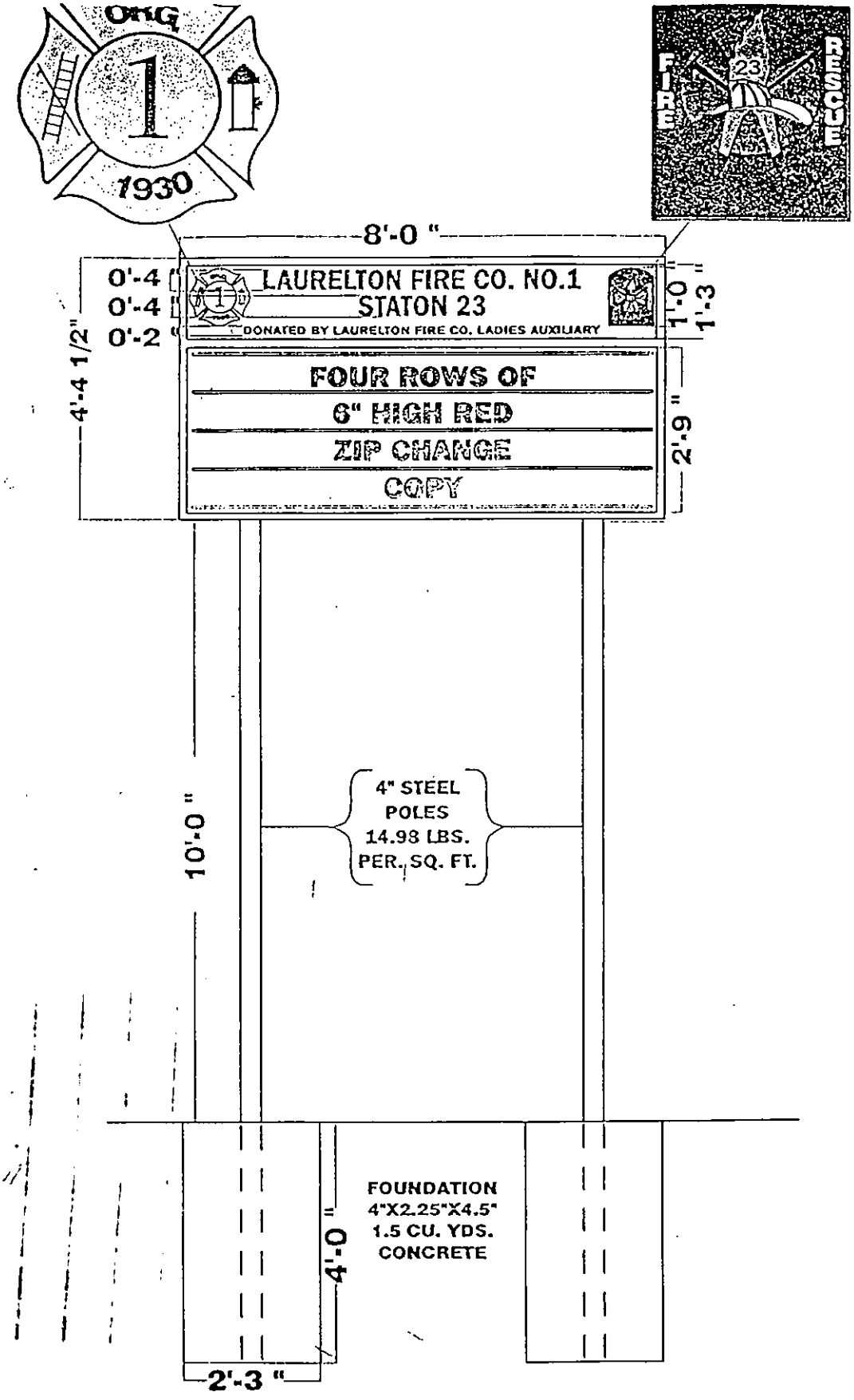
401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000
Zoning, extension 269

Office of
Division of Inspections

SIGN CONSTRUCTION PERMITS

1. A construction permit is required before a sign or advertising structure may be erected or replaced.
2. Zoning approval is required before a sign construction permit may be issued. All requirements of Chapter 190 of the Township Code must be met.
3. A plot plan or survey map must be submitted with the sign permit application and must show the proposed location of the sign and the setbacks from all property lines.
4. A drawing must be submitted with the sign permit application showing the following:
   a. Dimensions of the sign
   b. Square footage of the sign
   c. Total height of the sign
   d. Distance above ground level
   e. Wording of the sign
5. The fee for a sign construction permit shall be one dollar ($1.-) per square foot of the surface area of the sign, [redacted]
   In the case of double-faced signs, the area of the surface of only one (1) side of the sign shall be used for purpose of the fee computation.

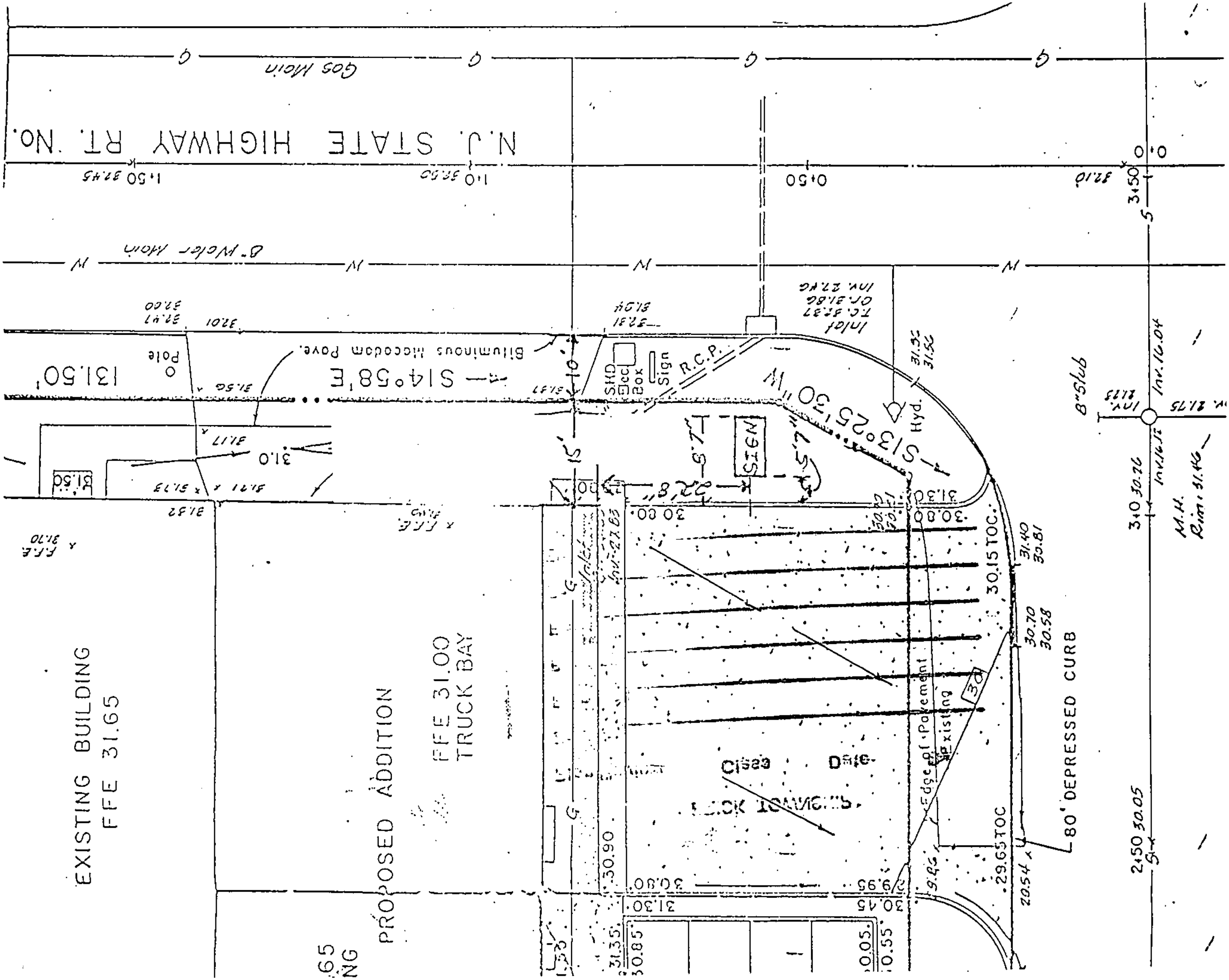
John Kennevy
John Kennevy
Zoning Officer 4-19-89

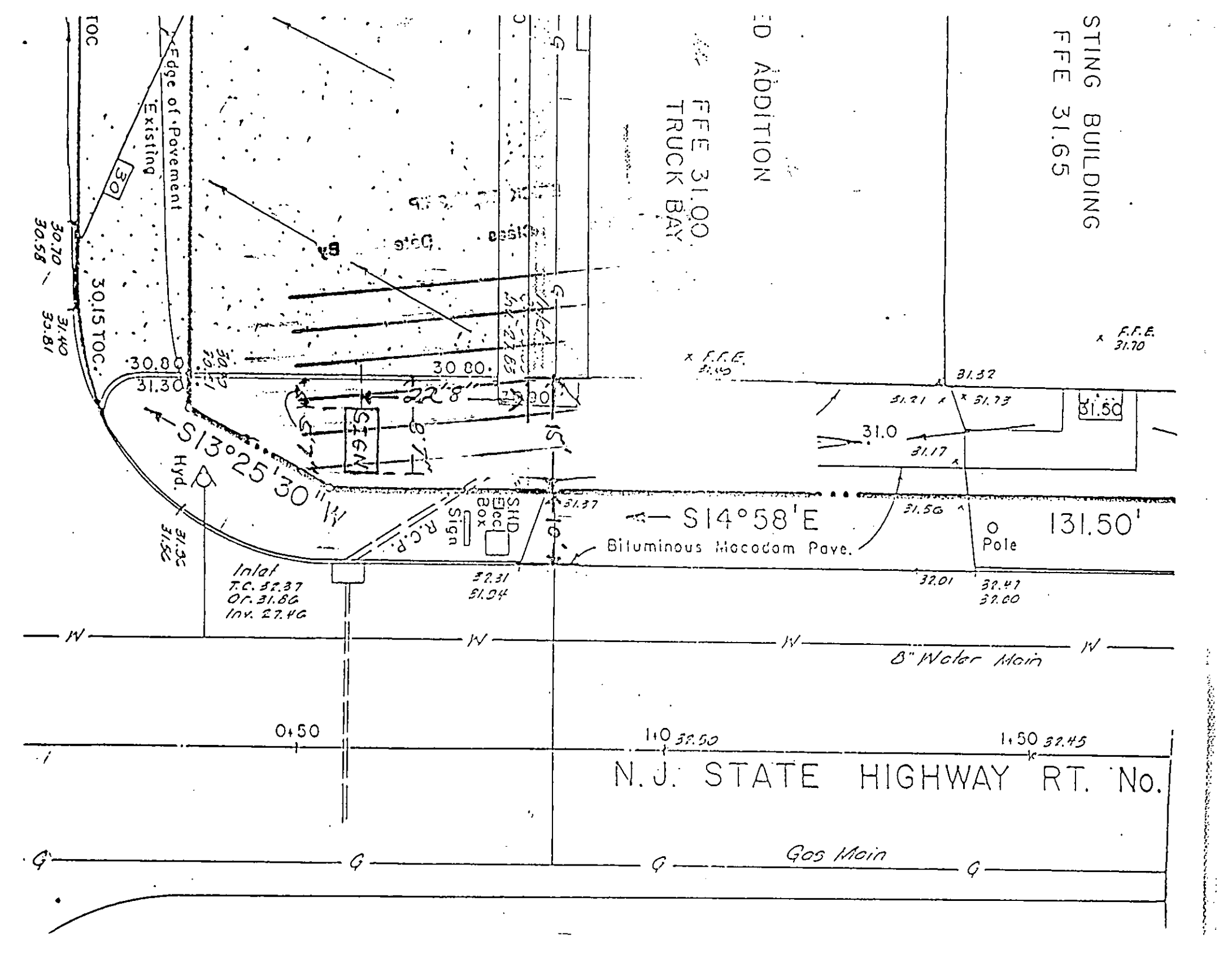


BRICK TOWNSHIP'S COPY

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning replace ground sign		6/22/99	MC
Plumbing			
Building		6-28-99	PF
Fire			
Energy			
Electrical			


N.J. STATE HIGHWAY RT. No.
Gas Main
8" Water Main
S14°58'E
131.50'
S13°25'30"W
Bituminous Macadam Pave.
Pole
R.C.P.
Hyd.
Inlet
T.C. 32.37
Or. 31.86
Inv. 27.46
SIGN
Sign
SHD
Elec
Box
M.H.
Rim 31.46
Inv. 16.04
Inv. 21.75
8" Stub
80' DEPRESSED CURB
30.15 TOC.
29.65 TOC
Edge of Pavement
Existing
EXISTING BUILDING
FFE 31.65
PROPOSED ADDITION
FFE 31.00
TRUCK BAY
F.F.E.
31.70


TOC
Edge of Pavement
Existing
30
30.70
30.58
31.40
30.81
30.15 TOC.
30.80
31.30
30.80
22'-8"
S13°25'30"W
Hyd.
31.32
31.56
Inlet
T.C. 32.37
Or. 31.86
Inv. 27.46
S14°58'E
131.50'
Bituminous Macadam Pave.
Sign
R.C.P.
SHD Elect. Box
31.37
32.31
31.04
32.01
32.41
32.60
Pole
31.50
31.0
31.17
31.21
31.73
31.52
F.F.E. 31.70
FFE 31.00
TRUCK BAY
ED ADDITION
STING BUILDING
FFE 31.65
8" Water Main
Gas Main
0+50
1+00 32.50
1+50 32.45
N. J. STATE HIGHWAY RT. No.

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning replace ground sign		6/22/99	MC
Plumbing			
Building 6-2949 FH			
Fire			
Energy			
Elevator			

COUNTER FORM
PLEASE PRINT

VNSHIP OF BRICK
hambers Bridge Road
New Jersey 08723
732-262-1027

Site Location: RT 88 9 OLDEN ST. Date Rec'd.:
Block: 847.4 Lot: 1-12 Date Issued:
Owner in Fee: Laurelton Fire Company Control #:
Address: P.O. BOX 312 Permit #:
BRICKTOWNSHIP N.J.
08723
State: NJ Zip: 08723 Phone: (732) 458-5066
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

NTRACTOR:
DRESS:
ONE:
#:
EXPIRATION DATE:
ERAL EMP. # (or S.S. #):
ECHNICAL SITE DATA (LIST ALL FIXTURES)
) 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

mated Cost of Plumbing Work: $
ature:
er ☐ Contractor ☐
CODE APPROVAL:
NS: Required ☐ Approved ☐
oved by:
NTRACTOR AFFIX SEAL:

COMMERCIAL

BUILDING SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):
TECHNICAL SITE DATA
DESCRIPTION OF WORK:
Replacement of sign for the Fire House (Free STANDING)

P.S. PRINT of SIGN IS ATTACHED

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☒ Sign: Sq. Ft. 32
☐ 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: 10' to 14'
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature:

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

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR: KAVANAGH ELECTRICAL CONTRACTORS
ADDRESS: 693 Summit Ave
Brick, NJ
PHONE: 732-840-4460
LIC. #: EI 10491 EXP. DATE: 3-31-2000
FEDERAL EMPL. #: (or S.S. #): 158-68-4931

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/F.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	
Other	
Other	
Other	

Estimated Cost of Electrical Work: $ 40.00
Signature (print name): GREGORY S. KAVANAGH
Estimated Cost of Electrical Work: $ 40.00
Signature (print name): GREGORY S. KAVANAGH
Owner ☐ Contractor ☒
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE SUBCODE

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

TECHNICAL DATA (DESCRIPTION OF WOI

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: Eu
Combustable Liquid Storage Tanks Capacity: Eu
L.G.P. Storage Tanks Capacity: Eu

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: