Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

This File Contains Personal Identifiable Information of Private Citizen(s).

Certain information contained in this file is ***Exempt from Release*** under the Open Public Records Act (OPRA) (Public Law 2001, CHAPTER 404 (N.J.S.A. 47:1A-1 et seq.)) and Executive Orders issued by the Governor of New Jersey. The following information ***MUST*** be redacted prior to release:

- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 842 LOT 22 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 20-0450

Marlboro Township
Construction Dept.
1979 Township Drive
Marlboro Township, NJ 07746
732-536-0200 X1800

CONSTRUCTION PERMIT APPLICATION

C20-003409

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

I. IDENTIFICATION

1. Proposed Work Site at: 1695 Rt. 88 Brick NJ 08724
2. Name of Owner in Fee: Hitesh Patel
   Tel. 201 724 5935 e-mail Phitesh@hotmail.com
   Address same. (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: MADD Construction Tel. 732 272 6433
   Address 2633 River Rd e-mail DougM@Maddconstruction.com
   Manasquan NJ 08736
   License No. OR, if new home, Builder Reg. No. 13VH09415300 Exp. Date 3-31-21
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. 81-4048105 FAX: _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun Doug Morgan
   Tel. 732 272 6433 FAX: _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 700- 650 ✓		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	$ 39 - 75 -		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 1064		

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. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed sq. ft.	
10. Flood Hazard Zone	
11. Base Flood Elevation ft.	
12. Wetlands yes ____ no ____	

14.4Kw

CHRIS

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☑ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

Solar Panels

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building	14,000	MFF	10/6/2020		10/16/20	KEK			
☑ Electrical	6,500				10-16-2020	MR			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Eng Exempt			10/14/2020	EEe			
TOTAL COST	20,500								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

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

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

D. Construct. Classification: Present _____ Proposed _____

COMMERCIAL

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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 03/24/2021
Control Number C-20-003409
Permit Number 21-0450
Permit Issue Date 02/23/2021
Certificate Number 21-0450

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1695 ROUTE 88 Brick Township, NJ Block: 842 Lot: 22 Qual:

Owner in Fee: K & S WALL PROPERTIES LLC

Owner Address: 1909 VINCENT CT WALL NJ 07719

Telephone: (201) 724-5935

Contractor MADO CONSTRUCTION LLC

Address 2633 RIVER RD MANASQUAN NJ 08736

Telephone: (732) 272-6733 Fax: Federal Emp. Number: 814048105

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SOLAR PANELS - ...INSTALL 14.40 kw ROOF MOUNT PHOTOVOLTAIC SOLAR SYSTEM

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:

David J. Newman Jr

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 03/24/2021

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 7/23/21
Control #
Date Issued
Permit # 210450

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

Block 642 Lot 12 Qualification Code

Work Site Location 1695 Rt 88
Brick NJ 08724

Owner in Fee: Hitesh Patel

Tel. 201 724 5935 e-mail Phitesh@hotmail.com

Address same
street municipality zip code

Contractor: Lighthouse Electrical Contractors, Inc. Tel. 732 822-0841

Address 36 Country Club Drive e-mail mkg5one@gmail.com
Neptune, NJ 07753

Contractor License No. 15945 Exp. Date 3/31/21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 300 420 803 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 6,500

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 in this application.

Applicant sign/Contractor sign and seal here: Michael L. Gray

Print name here: Michael L. Gray

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 45 Solar panels on S/F home rooftop under 35ft

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures (14.4kw)	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
45		Solar panels	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
45		KW Oven/Surface Unit micro-inverters	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
1		KW Dishwasher production meter	
		HP Garbage Disposal	
		KW Central A/C Unit (14.4kw)	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
1		HP Motors 1/1 HP combiner box	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	60 Amp	disconnect	

COMMERCIAL

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[X] Electric Plans Approved

Date 10-16-2020 Approved by: VM

Joint Plan Review Required:

[ ] Bldg [ ] Plumb [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 10-16-2020

Approved by: VM

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 3-9-21

Approved by: VM

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			3/5/21	VM
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

U.C.C. F120 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

BUILDING SUBCODE
TECHNICAL SECTION

DEPT. OF CONSTRUCTION CODE
76 GRAVEL HILL SPOTSWOOD ROAD
MONROE TOWNSHIP, NJ 08831
732-656-4585 • 732-656-4586

Date Received / Control # 2/23/21

Date Issued / Permit # 21-0450

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

Block 842 Lot 22 Qualification Code

Work Site Location 1695 NJ-88 Brick NJ 08724

Owner in Fee: Hitesh Patel

Tel. (201) 724 5935 e-mail Phitesh@hotmail.com

Address Same

Contractor: MADD Construction (street / municipality) Tel. (732) 272 0433 (zip code)

Address 2633 River Rd e-mail DougM@Massociates and consulting.com
Manasquan NJ 08736

Contractor License No. or Builder Registration No. 13VH09411500 Exp. Date 3-31-21

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

Federal Emp. ID No. 81-4048105 FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	12/10/20	MAH
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 12/10/20
Approved by: MAH

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 03/05/21
Approved by: MAH

INSPECTIONS Type:	Failure Dates (Month/Day)	Failure Dates (Month/Day)	Approval Dates (Month/Day)	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			03/05/21	MAH
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group 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.
Max. Live Load ____
Max. Occupancy Load ____

Constr. Class Present ____ Proposed ____
If Industrialized Building:
State Approved ____ HUD ____

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Rehabilitation $ ____
3. Total (1+ 2) $ 14,000

U.C.C. F110
(rev. 12/07)

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
45 Solar panels on SLF home rooftop under 35 ft. (14.4 KW)

COMMERCIAL

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (exceeds 6')
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall ____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[✓] Other Solar
[ ] Demolition

FEE (Office Use Only)
$ ____

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

White = Applicant Copy • Canary = Office Copy

CONSTRUCTION PERMIT

Date Issued 2/23/21
Control # C-20-003409
Permit # 21-0450

IDENTIFICATION Block: 842 Lot: 22 Qualifier

Work Site Location: 1695 ROUTE 88 Brick Township, NJ

Owner in Fee: K & S WALL PROPERTIES LLC
1909 VINCENT CT WALL NJ 07719

Telephone: (201) 724-5935

Contractor: MADO CONSTRUCTION LLC
Address: 2633 RIVER RD MANASQUAN NJ 08736

Telephone: (732) 272-6733
Lic. No. or Bldrs. Reg. No. 13VH09415300
Federal Employee. No. 814048105

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:

SOLAR PANELS ...INSTALL 14.40 kw ROOF MOUNT PHOTOVOLTAIC SOLAR SYSTEM

PAYMENTS (Office Use Only)

Building	$700
Electrical	$250
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$39
CO Fee	
Other	$0
Total	$989
Check No.	3330
Cash	$0
Credit	$0
Collected By	

+75
10064

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 $20,500

D. Dennis with [illegible] Construction Official

Date 12/1/20

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

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:

- [x] 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".

- [x] A complete copy of released plans must be kept on the job site.

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

RECEIVING CLERK _____
DATE REC'D 9/2021

ZONING PERMIT APPLICATION

PERMIT # ZP-21-00232
DATE ISSUED 2/23/21

BLOCK: 842 LOT: 22 QUALIFIER: _____ SITE ADDRESS: 1695 Rt 88

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Hitesh Patel
   COMPLETE ADDRESS: 1695 Rt 88 Brick NJ 08724
   PHONE # 2017245935 EMAIL: Phitesh@hotmail.com

2. NAME OF APPLICANT: Charles Russell
   APPLICANT ADDRESS: 2633 River Rd
   Manasquan NJ 08736
   PHONE # 954 305 7327 EMAIL: CharleR@Massociatesandconsulting.com

3. RESPONSIBLE PERSON FOR WORK: Doug Morgan
   PHONE# 732 272 6433 FAX# _____

4. SIGNATURE OF APPLICANT: C A. M

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ _____
OTHER: $ _____
TOTAL: $ _____

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: _____
EXISTING USE: _____
PROPOSED USE: _____

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

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: _____ *ADDITION _____ *ALTERATION _____ *PORCH _____ *DECK _____

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

HEIGHT: _____ (*IF APPLICABLE)

OTHER Solar

DESCRIPTION: 45 Solar Panels on SIF home rooftop under 35 ft. 14.4 Kw

ZONING REVIEW:
DATE REVIEWED: 10-12-20 DATE DENIED: _____ DATE APPROVED: 10-12-20 INTLS: _____

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) **Four (4) copies of 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.

2) **Two copies of the plans with dimensions and heights noted:**

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

Choose which is applicable for submission

3) **Plot plans and building plans must match for complete review**

NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED

01/2010

Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1041

Date Issued:
Application Number: ZA-20-01323
Application Date: 10/8/2020
Project Number:
Permit Number:
Fee: $75.00

Zoning Permit

Worksite **1695 ROUTE 88**
Location: **Brick Township, NJ 08724**

Owner: **Hitesh Patel**
Address: **1695 Route 88**
Brick , NJ 08724

Applicant: **MADO CONSTRUCTION LLC**
Address: **2633 RIVER RD**
MANASQUAN, NJ 08736

Block: **842** Lot: **22** Qualifier: Zone: **B-1**

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

Present Use: **Medical Offices**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Medical Offices**

Work Description:

Solar Energy System - 45- 320W Sunpower Solar, 14.4kW Enphase micro- inverters, mounted on the roof of the building.

Additional Zoning Permit is required for additional work.

Application Approved Date: 10/12/2020

Upon review it was determined that the Zoning Permit:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on:
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Christopher J. Romano, Zoning Officer

10/14/2020
Date

EDWARD. F. ANGSTER

PROFESSIOALENGINEER,

ARCHITECT ,SURVEYOR,PLANNER

29,CENTRAL AVENUE,TOMSRIVER,NJ-08753

Construction Code Office

Date: 9th SEP 2020

Re: Structural Certification

Subj:1695 NJ-88 BRICK TOWNSHIP, NJ 08724, USA

We have provided an inspection and review of the property roof construction of the above named property in regards to verifying the capacity of the existing roof for installation of a new Solar Panel Array.

We have found the COMMERCIAL BUILDING to be of wood frame construction bearing walls. all Roofs are of beam and perlin stucture with beams @ 24" o.c. (perlin 2*4, rafter spacing 24 in)with rubber layer on top of the roof.

The existing roof structure bears directly upon the exterior stud framed wall system. The existing members as installed meet the required load/span ratings with sufficient capacity to carry the minor additional load of 5.0 #/sf imposed by the proposed solar array per the details below. the load due to solar array will be approximately 21.7 lbs/mtg foot.

Installation of solar rack systems shall be as follows:

Each panel row shall be supported upon ballast system aero compact-s10- shown in drawings as per the manufactures specifications.

When installed per the above specifications the system shall exceed 115 MPH wind & 30 PSF snow loads as required by the IRC-2018-NJ.

Should you have any further question or comment please feel free to contact our office.

Respectfully,

EDWARD F. ANGSTER

LIC NO- PE/LS- 13450

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK _____

PERMIT # _____

BLOCK _____ **LOT** _____ **ADDRESS** 1695 NJ-88 Brick 08724

IDENTIFICATION:

1. WORK SITE ADDRESS 1695 NJ-88 Brick NJ 08724
2. APPLICANT Charles Russell
3. NAME OF OWNER IN FEE Hitesh Patel
   ADDRESS 1695 N.J- 88 Brick NJ 08724
   PHONE 201 724 5935 EMAIL Phitesh@hotmail.com
4. PRINCIPAL CONTRACTOR MASS Construction
   ADDRESS 2633 River Rd Manasquan NJ 08736
   PHONE 732 272 6433 EMAIL DougM@Massociatesandconsulting.com
5. ARCHITECT OR ENGINEER Edward Angster
   ADDRESS 29 Central Ave Toms River NJ
   PHONE 732 892 6221 EMAIL EdwardAngster@aol.com
6. RESPONSIBLE PERSON FOR WORK Doug Morgan
   ADDRESS 2633 River Rd Manasquan NJ 08724
   PHONE 732 282 6433 EMAIL DougM@Massociatesandconsulting.com

FEE SUMMARY:

APPLICATION FEE	$ _____
REVIEW FEE	$ _____
INSPECTION FEE	$ _____
OTHER _____	$ _____
BOND(S)	$ _____
TOTAL	$ _____

PROJECT DESCRIPTION:

☐ GRADING/CLEARING ☐ ROAD OPENING ☐ SOIL REMOVAL / FILL

☐ RETAINING WALL ☐ POOL ☐ BULKHEAD / DOCK ☐ DWELLING

☐ TREE REMOVAL ☐ COMMERCIAL SITE MAINTENANCE

☐ DESCRIPTION Solar 45 solar panels (14.4 kw)

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS _____

DRAINAGE EASEMENTS _____

UTILITY EASEMENTS _____

CONSERVATION EASEMENTS _____

FEMA REQUIREMENTS _____

D.E.P. PERMITS _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER _____

APPROVED DATE _____

ENGINEERING REVIEW:

DATE RECEIVED _____ DATE REJECTED _____ DATE APPROVED _____ INITIALS _____