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 ~~25~~ 22 QUALIFICATION CODE B1 ADDRESS (SITE) 1695 RT 88 PERMIT NO. 21-1825

CONSTRUCTION PERMIT APPLICATION

C18-003986

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

I. IDENTIFICATION

1. Proposed Work Site at: 1695 RT 88, Brick. NJ
2. Name of Owner in Fee: K-N-S Wall Properties, LLC
   Tel. _____ e-mail _____
   Address 1909 Vincent ct, Wall. NJ 07719 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Northeast Contracting & Dev Tel. 908-309-0093
   Address 528 Arnold Ave Suite B e-mail darryl@Northeastcd.com
   Point Pleasant Bch. NJ 08742
   License No. OR, if new home, Builder Reg. No. 13VH07410700 Exp. Date 3/31/19
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. 462384876 FAX: 732-647-1217
5. Architect or Engineer Lindstrom, Diessner Contact _____
   Address 136 Drum Point Road. Brick e-mail _____
   Tel. 732-477-8900 FAX: _____
6. Responsible Person in Charge once Work has Begun Darryl Manticello
   Tel. 908-309-0093 FAX: 732.647.1217

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 200 ✓ 150 ✓		
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			
10. Subtotal	$ 175		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 175		

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 ____

COMMERCIAL

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)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building		MFF	10/17/18		12/11/18	MFF			
☑ Electrical					11/8/18	PE			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Emg Exempt			10/31/18	ECC			
TOTAL COST	$0								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
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: Select Group
3. Change in Use Group, Indicate Presen Select Group

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

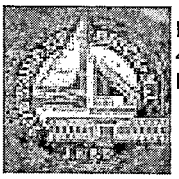
D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
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

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued 09/28/2021
Control Number C-18-003986
Permit Number 21-1825
Permit Issue Date 07/08/2021
Certificate Number 21-1825

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:
Contractor NORTHEAST CONSTRUCTION
Address 528 ARNOLD AVE STE B PT PLEASANT NJ 08742
Telephone: (732) 905-7777 Fax: (732) 647-1217 Federal Emp. Number: 462384876
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: SIGN INSTALLATION - - SHREEJI MEDICAL CENTER ...INSTALL (2) ILLUMINATED FACADE SIGNS

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: 09/28/2021

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

842122

ELECTRICAL SUBCODE
TECHNICAL SECTION

5 SHREEJI MED CENTER

Date Received 7/8/21
Control #
Date Issued
Permit # 21-1825

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

Block 1000 Lot 500 [illegible] Qualification Code

Work Site Location 1695 RT 88 Brick, NJ

Owner in Fee: K & S Wall Properties, LLC

Tel. (908) 309-0093 e-mail darryl@Northeastcd.com

Address 1909 Vincent CT Wall, NJ 07719
street municipality zip code

Contractor: Ieco electrical LLC Tel. (848) 4487878

Address 304 Trenton Ave. e-mail Iecoelectrical@yahoo.com
Point Pleasant Beach 08742 NJ

Contractor License No. 16016 Exp. Date 03/22

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 300

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here: Harry Ieoore

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Building Sign - Lettering LED

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
1	120V	KW Elec. Sign/Outline Light Led	

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Electric Plans Approved
Date: 11/8/18 Approved by: PJC
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 11/8/18
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 9-22-21
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	7-16-21		9/21/21	
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	$

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 7/8/21
Control #

Date Issued
Permit # 21-1825

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

Block 842 Lot ~~5~~ 22 Qualification Code

Work Site Location 1695 RT 88 SHREEJI MEDICAL CENTER
Brick NJ

Owner in Fee: K-N-S Wall Properties

Tel. (908) 309-0093 e-mail

Address 1909 Vincent court Wall NJ 07719
street municipality zip code

Contractor: Northeast Contracting & Dev Tel. (908) 309-0093

Address 528 Arnold Ave Suite B e-mail darryl@northeastcd.com
Point Pleasant Beach NJ 08742

Contractor License No. or Builder Registration No. 13VH07410700 Exp. Date 3/31/19

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

Federal Emp. ID No. 462384876 FAX: (732) 641-1217

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 Sign on Building
~~Canopy / Monument Sign~~

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	12/11/18	MGM
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 12/11/18
Approved by: MGM

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 7-16-21
Approved by: JSL

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			7/26/21	JSL
Barrier-Free				

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [✓] Sign 19 Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other
- [ ] Demolition

FEE (Office Use Only)

$

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

B. BUILDING CHARACTERISTICS

Use Group Present B1 Proposed B1
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) $ 300

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

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

CONSTRUCTION PERMIT

Date Issued 1/8/21
Control # C-18-003986
Permit #

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:

Contractor NORTHEAST CONSTRUCTION
Address 528 ARNOLD AVE STE B PT PLEASANT NJ 08742
Telephone: (732) 905-7777
Lic. No. or Bldrs. Reg. No. 13VH07410700 048029 13VH07410700
Federal Employee. No. 462384876

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 - SHREEJI MEDICAL CENTER ...INSTALL (2) ILLUMINATED FACADE SIGNS

PAYMENTS (Office Use Only)

Building	$200
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$352
Check No.	101
Cash	$0
Credit	$0
Collected By	

+75
4/21

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 $600

Construction Official Date 12/11/20

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 _____

ZONING PERMIT APPLICATION

PERMIT # ZP-200990
DATE ISSUED _____

BLOCK: 842 LOT: ~~25~~ 21 QUALIFIER: _____ SITE ADDRESS: 1695 RT 88 Brick, NJ

IDENTIFICATION:

1. NAME OF OWNER IN FEE: K-N-S wall properties, LLC
COMPLETE ADDRESS: 1909 Vincent ct.
Wall, NJ 07719.
PHONE # _____ EMAIL: _____

2. NAME OF APPLICANT: Northeast Construction & Developmt.
APPLICANT ADDRESS: 528 Arnold Ave Suite B
Point Pleasant Beach. NJ 08742
PHONE # 908-309-0093 EMAIL: darryl@Northeastcd.com

3. RESPONSIBLE PERSON FOR WORK: Darryl Monticello
PHONE# 908-309-0093 FAX# 732-647-1217

4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 75-
OTHER: $ _____
TOTAL: $ 75-

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: X
EXISTING USE: B1
PROPOSED USE B1

BOARD APPROVAL: ✓ PB ✓ ZB
RESOLUTION#: R-23-15
APPROVAL DATE: 9-23-15

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

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

HEIGHT: _____ (*APPLICABLE)

OTHER Sign lettering on Building 21 ~~Monument Sign~~

DESCRIPTION: Lettering on Building 21 ~~& Monument Sign which has already been approved~~

ZONING REVIEW:
DATE REVIEWED: 10-24-18 DATE DENIED: _____ DATE APPROVED: 10-24-18 INTLS: _____

(SEE BACK PAGE)

OFFICE USE ONLY

ZONING REVIEW:

DATE REVIEWED: 10/20/18 DATE DENIED: — DATE APPROVED: 10/20/18 INTLS: JC

DATE:	COMMENTS:	INITIALS:
10/20/18	SENT TO Comm	JC

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued:
Application Number: ZA-18-01319
Application Date: 10/25/2018
Project Number:
Permit Number:
Fee: $75.00

Zoning Permit

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

Owner: **K & S WALL PROPERTIES LLC**
Address: **1909 VINCENT CT**
WALL, NJ 07719

Applicant: **NORTHEAST CONSTRUCTION**
Address: **528 ARNOLD AVE STE B**
PT PLEASANT, NJ 08742

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 (Shreeji Medical Center)**

Work Description:
Sign - Installation of (2) Facade Sign "Shreeji Medical Center".

Resolution of Approval by the Brick Twp. Planning Board. PB-2767 / R-23-15
September 23, 2015

Additional Zoning Permit is required for additional work or signage.

Application Approved Date: 10/25/2018

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

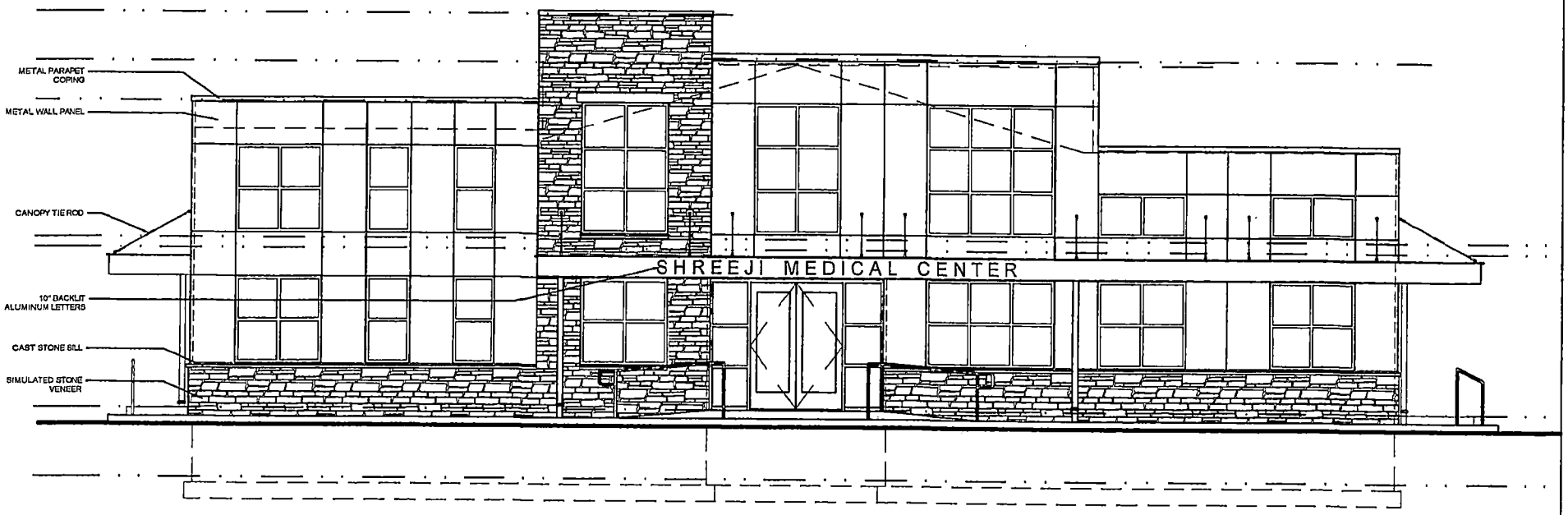
Christopher J. Romano, Assistant Zoning Officer — 10/25/2018 Date

Sean Kinnevy, Zoning Officer — **Date**

3203 Atlantic Ave.
P.O. Box 267
Allenwood, NJ 08720

JACK A. PURVIS, A.I.A.
ARCHITECT

Phone: 732-292-9300 o
Phone: 732-299-7349 c
Fax: 732-292-9393
email: jpurvis@purivs-architect.com



Zoning Review
Approval
By: ar Signs (2)
Date: 10-24-18

Building Sign North Elevation
Scale: NTS
DATE: 10-01-18
PROJECT #: 1505

Premier Healthcare Associates Office

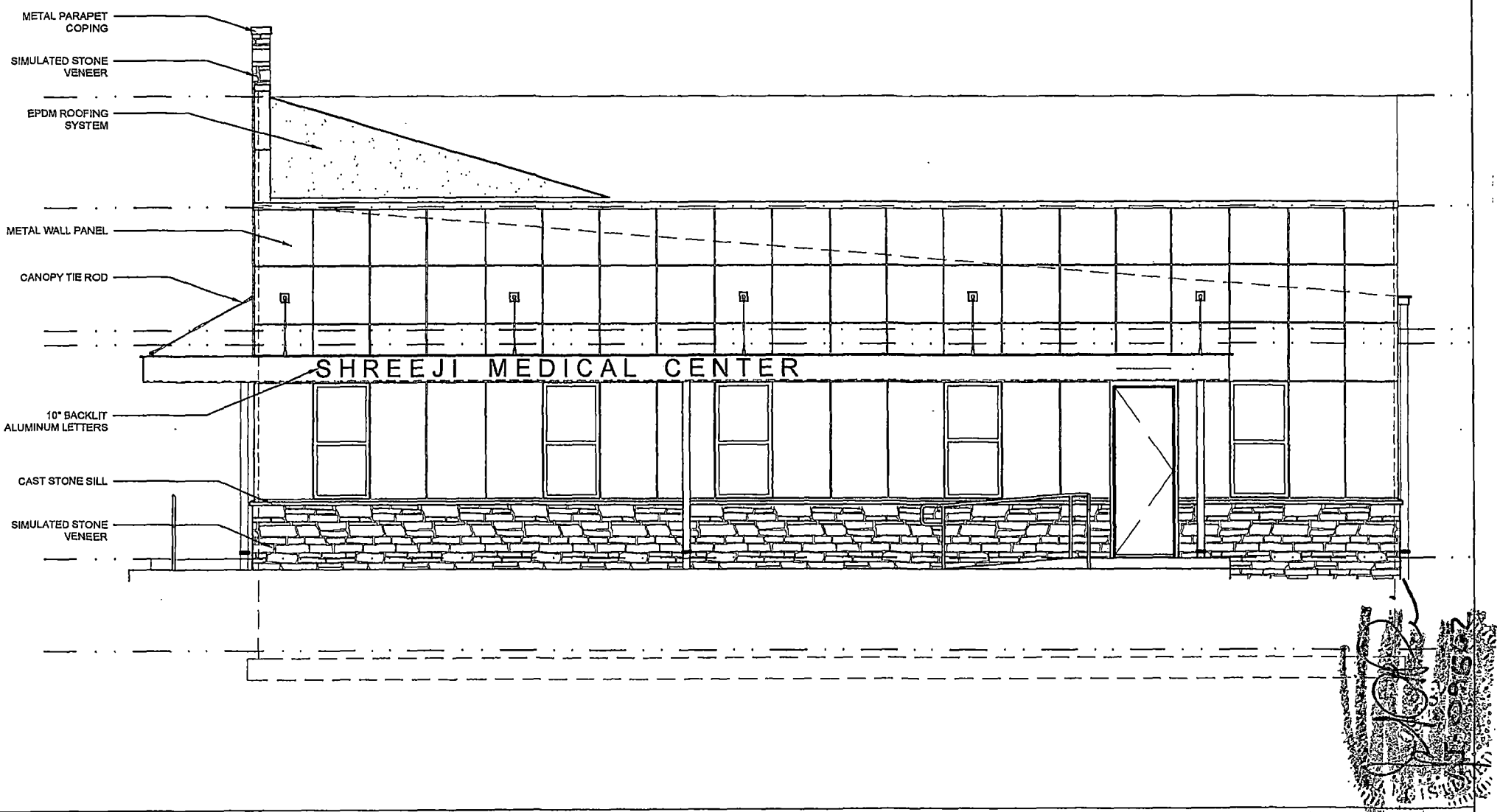
1693 State Highway 88
Brick, New Jersey

SHEET
Sk-9a

3203 Atlantic Ave.
P.O. Box 267
Allenwood, NJ 08720

JACK A. PURVIS, A.I.A.
ARCHITECT

Phone: 732-292-9300 o
Phone: 732-299-7349 c
Fax: 732-292-9393
email: jpurvis@purivs-architect.com



Building Sign North Elevation
Scale: NTS
DATE: 10-01-18
PROJECT #: 1505

Premier Healthcare Associates Office

1693 State Highway 88
Brick, New Jersey

SHEET

Sk-9b

BLAZING VISUALS

2138 Bridge Ave.
Point Pleasant, NJ 08742

T 732.781.1401
support@blazingvisuals.com
blazingvisuals.com

Darryl Monticello
Northeast Construction

RE: Channel Letter Electrical Connection KNS Building

Darryl,

Attached to this letter is a diagram showing the standard use of daisy chaining low voltage LED channel letters with wire nuts. This is the industry standard and the way our licensed electricians do it on all of our low voltage channel letter signage. If you need further help, do not hesitate to contact me.

Regards,

Peter DiSpirito
Owner

WE PRINT EVERYTHING

GEMINI

WIRING INSTRUCTIONS

Fabricated Metal Letters - Lit with GE Tetra LEDs

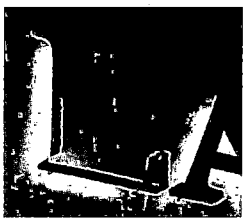
Warnings in English and French for Canada

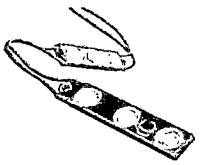
F6-ULAB-A2

Rev. 11/13/14

Customer Installation/Tips/Troubleshooting Guide

Enclosed are your fabricated lit letters, populated with GE Tetra LEDs.
Each individual letter has been carefully filled with LED modules, designed to provide a consistent Lumen output.

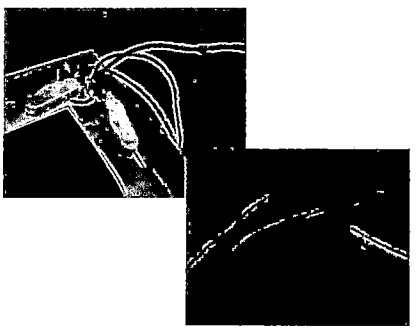




Components Used

All components used in Gemini lit letters are UL approved for LED lighting.
Gemini Sign Body UL#E319118 - UL Listed.
GE Tetra® LED Systems - UL#E219167.
UL approved electrical tap connectors - 3M Scotchlok 558
UL approved twist on wire connectors - GB 10-001.
UL approved 18 awg lead wires-#E135243, or Cables
12VDC-Class 2 Power Supply: UL information listed on power supply.

Electrical Connections



It is recommended that all electrical connections be performed by a licensed electrical contractor. Each Fab Metal letter has been filled with GE LEDs, and contains three 18 gauge lead wires: **Red** (+), **Black** (-) and **Green** ground wire, or a 3-wire Cable, for connecting letters to a main line and/or Power Supplies (see wiring example). When Class 2 wiring circuits are located in a concealed space, such as above a suspended ceiling, or passing through a wall, NEC code requires use of conduit or a UL Listed Class 2 cable (optional). Longer wires or cables are optional.

Power Supply (PS) Connections

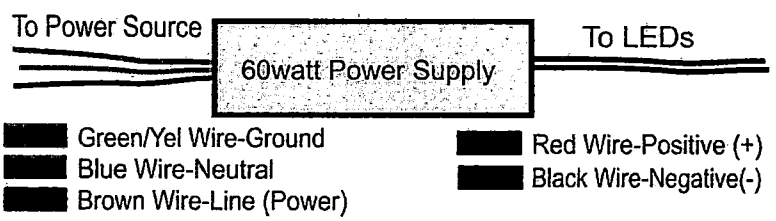
Power Supplies provided are UL, 60watt (Max 5 amp), Class 2, Wet location rated, Max. 277VAC input.
Do NOT mount power supply directly into letters.
Amperage ratings are listed on the power supply labels.
Maximum remote mounting distance for Power Supply, with 18 AWG wire is 30ft.
Connect **Red** (+) Lead wires to a **Red** main line, in parallel, then to the **Red** (+) wire of the power supply.
Connect **Black** (-) Lead wires to a **Black** main line, in parallel, then to the **Black** (-) wire of the power supply.
Connect **Green** ground wires to main ground wire, then to PS ground or a proper grounding location.
Connect power supply to appropriate sized breaker or power cord, in accordance with National Electric Code (NEC) Article 600 and all Local Electrical Codes.
Each PS is equipped with external connection cables (approx. 11"long) containing 3 input wires, for connecting to the power source, and two output wires, for connecting to the LEDs (letters).

All orders will be supplied with a line drawing that details letter groupings to Power Supplies (PS).

Power Supply Wiring - Example

"G E M I" are powered by one 60watt power supply.
" N I INC" are powered by one separate 60watt power supply.

Caution: Plugging LEDs direct into 110V will destroy them. Use ONLY Class 2 Power Supplies



Notes:

LED Modules

Individual LED modules have been secured to the LEXAN backs with double faced tape. Every other module has been further secured with a plastic support blocks. Should you need to reposition any LED modules, break off the support block with pliers, reposition module, re-tape module, then secure with silicone on sides and wires.

Lexan Backs

All UL required components are supplied with weep (drain) holes in the Lexan backs, per UL requirements. Weep holes are used to allow moisture or water to escape.

Letter Stand-Off

Halo lit letters are designed to stand-off the mounting surface by using studs and spacers. Adjusting the spacer length or stand-off from the wall will effect the halo lighting effect. Typical stand-offs for optimal halo lighting is around 1-1/2" from the mounting surface.

Mounting Surface

When Halo (back) lighting, it is best to install on a non-glossy, lighter colored mounting surfaces. Dark, Glossy backgrounds will absorb the LED light and will not produce a desirable halo effect.

LED Troubleshooting Guide

Blinking LEDs:

Blinking LEDs: Too many LEDs connected to a given power supply.
Reduce the number of letters or modules attached to your power supply.

Caution: Plugging LEDs direct into 110V will destroy them. Use ONLY Class 2 Power Supplies

LEDs in one or more letters will not light:

LEDs will not light: Too many LED modules are connected to a given power supply.
Reduce the number of letters or modules attached to your power supply.
Check letter connections. Make sure pigtails are properly wired to power supply line.
Make sure all Red (+) wires are connected together and to the Red (+) wire of the power supply.
Make sure all Black (-) wires are connected together and to the Black (-) wire of the power supply.
Check AC input connection and/or check circuit breaker.

One LED module is Dark (not lit):

You may have a bad module. Check lighting of letter with face covered to determine impact of one dark LED.
If the face is too dark or visible shadows exist, additional LEDs may have to be added to the letter.

I see light shadows in the letter face:

Ensure that all modules are secured to the backs of the formed channel cans.
If a module has come loose, press it back down and secure with additional DF tape and/or silicone.

Some LEDs appear dim:

Ensure that the overall length of the LED system does not exceed the maximum load.
Ensure that the length of supply wire is equal to or below the recommended remote distance.
GE Tetra LED systems are rated for damp location use by UL but should still be protected from exposure to moisture.

Electrical Contractor Required

WARNINGS!

It is recommended that all electrical connections be performed by a licensed electrical contractor.
Always follow proper OSHA LOTO (Lockout/Tagout) and NEC practices and procedures.

RISK OF ELECTRIC SHOCK:
Turn power OFF before inspection, installation or removal.
- **Properly ground any Power Supply enclosures.**
- **Shut off power at fuse box or circuit breaker before install.**

Prepare Electrical Wiring *(Electrical Requirements)*

RISK OF FIRE:
- **Use only UL approved supply wires,** minimum 18 AWG.
- **Follow all NEC and Local Electrical Codes.**
- **Use only UL approved wire for input** connection. Minimum size 1.02mm

- **The grounding and bonding of the LED Driver shall be done in accordance with NEC Article 600.**

Always understand and follow all National Electric Codes (NEC) and local electrical codes.

Entrepreneur en électricité AVERTISSEMENTS obligatoires!
Il est recommandé que toutes les connexions électriques doivent être faites par un maître électricien.

Toujours suivre OSHA LOTO (verrouillage/étiquetage) et NEC pratiques et procédures appropriées.

RISQUE DE CHOC ÉLECTRIQUE : RISQUES D'INCENDIE :
Coupez l'alimentation avant l'inspection, l'installation ou la suppression.
- **Utilisez uniquement UL approuvé fils d'alimentation,**
- **Terre correctement tous les boîtiers alimentation minimum de 18 AWG.**
- **Coupez l'alimentation de la boîte à fusible ou le disjoncteur avant d'installer.**
- **Suivez toutes NEC et les codes électriques locaux.**
- **Utilisez uniquement UL fil pour l'entrée approuvé**

Préparer le câblage électrique (Spécifications électriques) de connexion. Taille minimale 1,02 mm
- **La mise à la terre et la liaison du conducteur de LED doivent être** effectués en conformité avec l'article NEC 600.

Toujours comprendre et suivre toutes les codes NEC (National Electric) et les codes électriques locaux.
Toutes les alimentations doivent être classé endroit humide, classe 2 avec UL lettres.

BLAZING VISUALS

2138 Bridge Ave.
Point Pleasant, NJ 08742

T 732.781.1401
support@blazingvisuals.com
blazingvisuals.com

Darryl Monticello
Northeast Construction

RE: Channel Letter Electrical Connection KNS Building

Darryl,

Attached to this letter is a diagram showing the standard use of daisy chaining low voltage LED channel letters with wire nuts. This is the industry standard and the way our licensed electricians do it on all of our low voltage channel letter signage. If you need further help, do not hesitate to contact me.

Regards,

Peter DiSpirito
Owner

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____
PERMIT #: _____

BLOCK: 842 LOT: ~~25~~ 99 ADDRESS: 1695 RT 88 Brick NJ

IDENTIFICATION:

1. WORK SITE ADDRESS: 1695 RT 88, Brick, NJ
2. NAME OF OWNER IN FEE: K.N.S Wall properties LLC
   ADDRESS: 1909 Vincent ct PHONE #: (__) _____
   Wall, NJ 07719 FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: Northeast Construction & Dev
   ADDRESS: 528 Arnold Ave Suite B PHONE #: (908) 309-0093
   Point Pleasant Bch. NJ 08742 FAX #: (732) 647-1217
4. ARCHITECT OR ENGINEER: Lindstrom, Diessner & Carr, P.C
   ADDRESS: 136 Drum Point Rd. PHONE: # (732) 477-8900
5. RESPONSIBLE PERSON FOR WORK: Darryl Monticello
   ADDRESS: 528 Arnold Ave, Suite B. Pt Pleasant Bch.

PHONE #: (908) 309-0093 FAX #: (732) 647-1217 E-MAIL: darryl@northeastcd.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 _____
☑ OTHER Sign - Lettering - Monument

LENGTH: _____ WIDTH: _____ HEIGHT: _____

SPECIAL CONDITIONS:

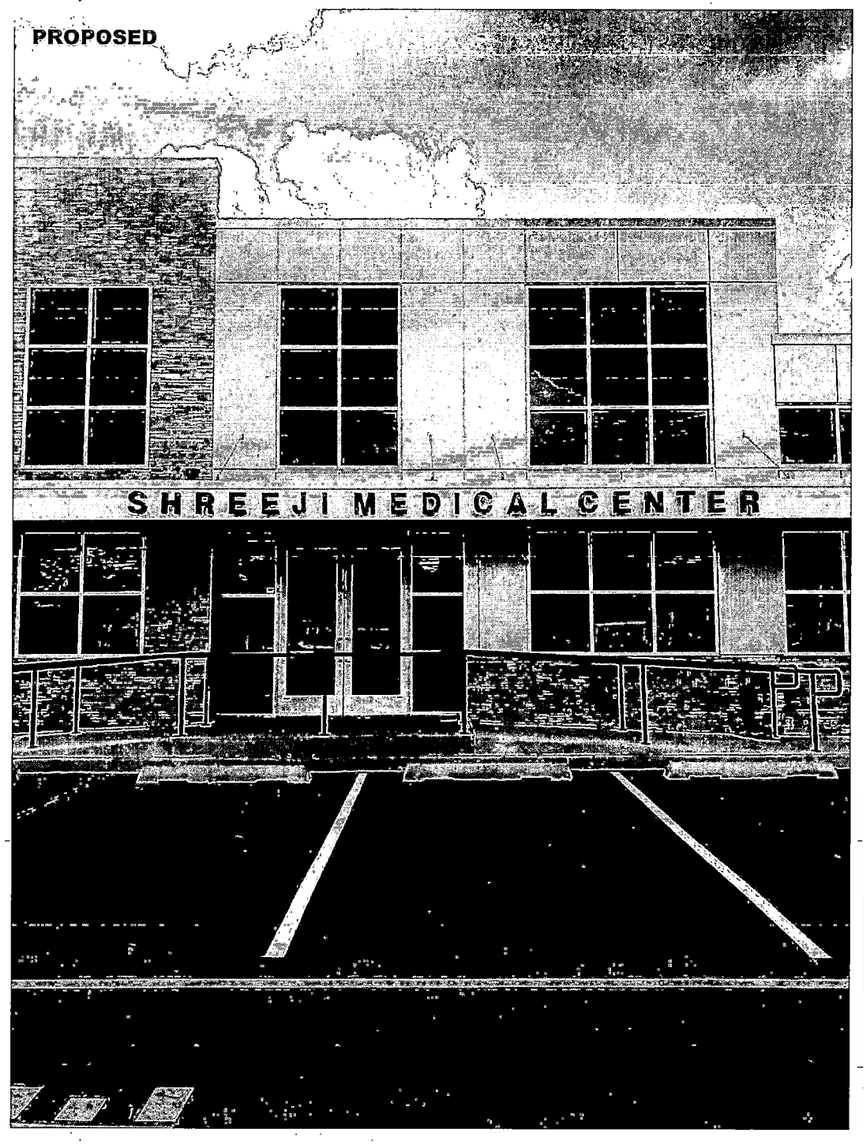
OCEAN COUNTY SOILS: _____
DRAINAGE EASEMENTS: _____
UTILITY EASEMENTS: _____
CONSERVATION EASEMENTS: _____
FEMA REQUIREMENTS: _____
D.E.P. PERMITS: _____
BOARD APPROVAL: ☑ PB ☐ ZB
APPLICATION NUMBER: P23-15
APPROVED DATE: 9-23-15

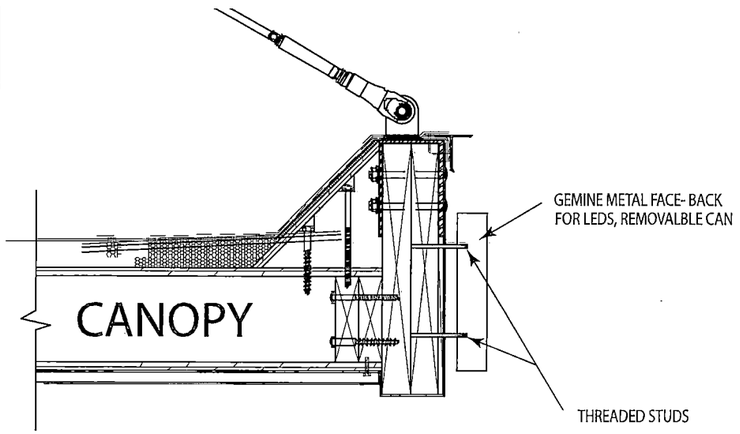
ENGINEERING REVIEW:

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

Installation Address:
1695 NJ-88
Brick, NJ 08724

2 SETS





FASTENER SCHEDULE			WALL CONSTRUCTION			
HARDWARE	DIAM.	QTY. Per letter*	MASONRY (CMU-Block)	EFIS/DRYVIT OVER min. 1/2" PLYWOOD	EFIS/DRYVIT OVER GYPSUM/ DENSGLASS	METAL PANEL OVER METAL STUD
THRU-BOLT[4]	1/4"	per/Note	YES	YES	ONLY WITH BACKER (MIN. 3/4" PLYWOOD)	YES
EXPANSION ANCHOR	1/4"	per/Note	YES[2]	NO	NO	NO
LAG BOLT	1/4"	per/Note	NO	1" SOLID WOOD PENETRATION REQ'D	NO	NO
TOGGLE BOLT	1/4"	per/Note	IF THROUGH BLOCK FACE	YES	ONLY WITH MIN. 3/4" PLYWOOD BACKER	YES
PIN MOUNT[3]	1/4"	per/Note	YES	YES	ONLY WITH MIN. 3/4" PLYWOOD BACKER	NO

1.) Fasteners shall be evenly spaced, top and bottom.
2.) Expansion anchors require a minimum 1-1/2" embedment
3.) Pin mounts shall embed a min of 1-1/4" and be secured with epoxy adhesive or w/Washer and nut
4.) Thru-Bolts or rods into L2x2x1/8" Steel Angle spanning two(2) wall studs per/rod is acceptable.

Engineers Connection Note:
Provide 1/4" Diam. Fasteners through letter backs with washers using the fastener schedule for existing wall construction type to determine the fastener type to install as follows:
- **Letter I: Provide Two(2) per/letter, One(1) Top and Bottom.**
- **Letters JA&L: Provide Three(3) per/letter, One(1) Top and Two(2) Bottom.**
- **Letter T: Provide Three(3), Two(2) Top and One(1) Bottom.**
- **Remaining Letters: Provide Four(4) per/Letter.**

Zoning Review
Approval
By: Sign (2)
Date: 10-24-18

SHREEJI MEDICAL CENTER

10" HIGH LETTERS 193.6" WIDE OVERALL
3" THICK LED HALO ILLUMINATED LETTERS
FABRICATED W/ STAND OFF STUD MOUNT
HELVETICA BOLD FINISH COLOR BLACK

TOWNSHIP OF BRICK
RELEASED FOR PERMIT INITIAL DATE
Building Subcode KEH 11/8/18
Plumbing Subcode
Fire Subcode
Electrical Subcode PSE 11/8/18
Plan Reviewer
Plans Released
Construction Official

FILE COPY

Designed Per IBC 2015 NJ Edition
With Applicable Amendments

Wind Loads

Ultimate Design Wind Speed		122 mph
Nominal Design Wind Speed		94.5 mph
Risk Cat.		II
(3-Sec Peak Gust MPH*)		
Wind Importance Factor	I=	1
Wind Exposure		C
Gust Factor		0.85

Snow Loads

Ground Snow Load	Pg=	20 psf
Snow Exposure Factor	Ce=	1.0
Snow Load Importance	Is=	1.1
Thermal Factor	Ct=	1.0

Exterior components designed in accordance with applicable provisions of the ASCE 7-10

MURDOCH ENGINEERING
SIGN STRUCTURE PROFESSIONALS
2 HUMMINGBIRD CT.
HOWELL, NJ 07731
(973)670-8215
10/12/2018
Jeff Murdoch, PE
Professional Engineer
NJ PE Lic. #48980
Exp. 4/30/2020

PN 1819299

[redacted]

35		SPACE ONLY					SPACE ONLY		36
37		SPACE ONLY					SPACE ONLY		38
39		SPACE ONLY					SPACE ONLY		40
41		SPACE ONLY					SPACE ONLY		42
	10,280							21,840	
	32,120	TOTAL CONNECTED LOAD (89.2 AMPS)							

* WIRING IN PATIENT CARE AREAS SHALL BE PROVIDED WITH AN EFFECTIVE GROUND FAULT CURRENT PATH AS PER NEC 517.13(A)

35		SPACE ONLY					SPACE ONLY		36
37		SPACE ONLY					SPACE ONLY		38
39		SPACE ONLY					SPACE ONLY		40
41		SPACE ONLY					SPACE ONLY		42
	7940							19,680	
	27,620	TOTAL CONNECTED LOAD (76.7 AMPS)							

* WIRING IN PATIENT CARE AREAS SHALL BE PROVIDED WITH AN EFFECTIVE GROUND FAULT CURRENT PATH AS PER NEC 517.13(A)

								LITHONIA LIGHTING	DS... T2M-...

PANEL "HP1" 120/208V, 3Ø, 4W — SURFACE MOUNTED — MCB ☐ ML☒
MANUFACTURER: SQUARE "D" TYPE: NEMA 3R — 100 AMPERE COPPER BUS
LOCATION: OUTSIDE AT METER CENTER — ISC = 22,000 AMPS RMS SYM @ 240V

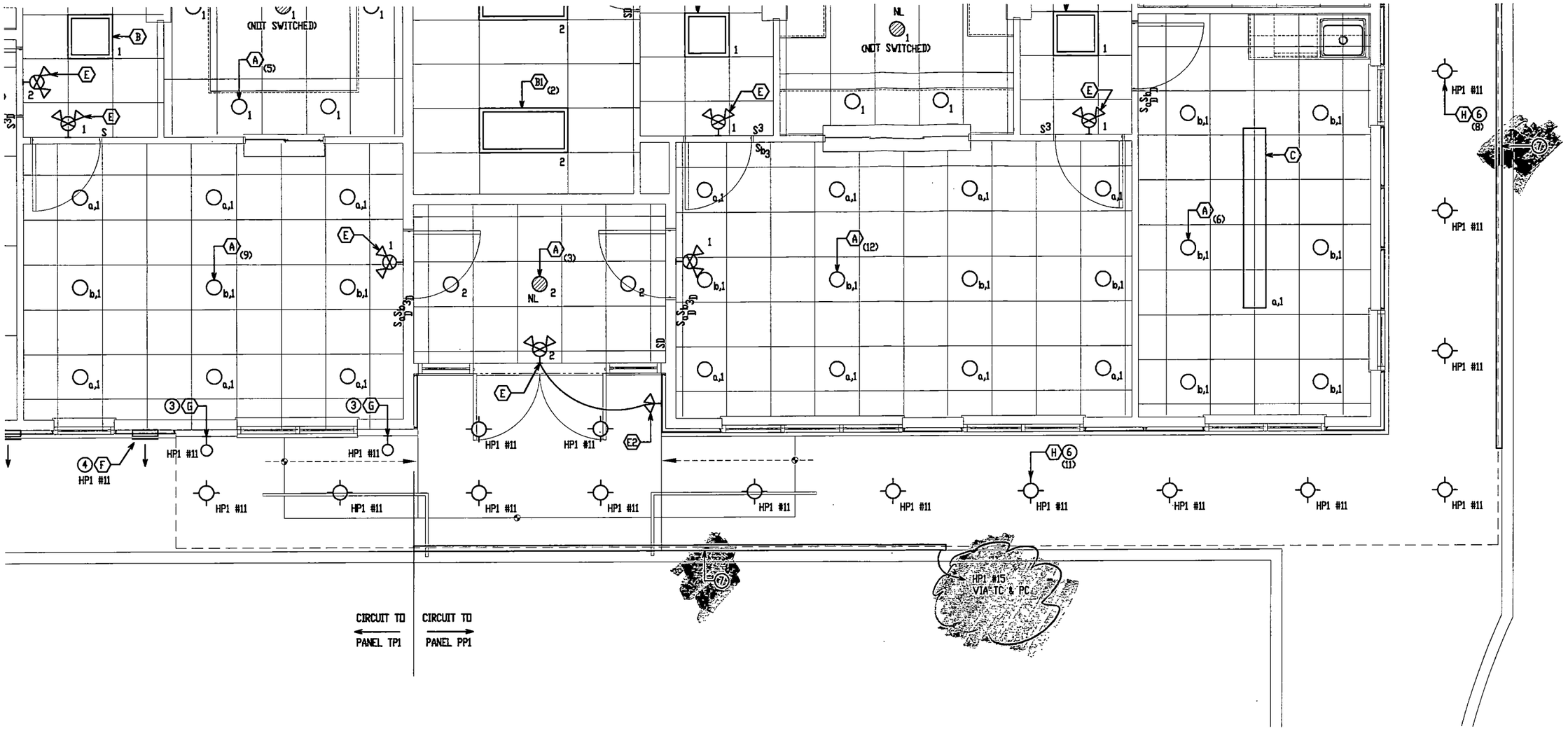
☒ CU NEUTRAL BUS | ☒ CU EQUIP. GND BUS | ☐ CU ISOL. GND BUS | ☐

CKT. NO.	LOAD	DESCRIPTION	CCT BKR POLE	CCT BKR TRIP AMPS	CCT BKR TRIP AMPS	CCT BKR POLE	DESCRIPTION	LOAD	CKT. NO.
1	540	RECEPTACLES (WP)	1	20	20	1	RECEPTACLES (WP)	540	2
3	180	RECEPTACLES (EXAM)	1	20	20	1	ATTIC LIGHTING	360	4
5	600	ATTIC LIGHTING	1	20	30	2	EUH-1	5000	6
7	500	CRAWL SPACE LIGHTING	1	20					8
9	1500	LOBBY HEATER-FTWH	1	20	30	2	EUH-2	5000	10
** 11	1500	CANOPY/EXT BLDG LIGHTING	1	20					12
** 13	300	SITE POLE LIGHTING & SIGN	1	20	20	1	SECURITY LIGHTING	200	14
** 15	300	BUILDING SIGN	1	20	20	1	HEAT TRACE RECEPTACLE	300	16
** 17	300	ATTIC WINDOW LIGHTING	1	20			SPACE ONLY		18
19		SPARE	1	20			SPACE ONLY		20
21		SPARE	1	20			SPACE ONLY		22
23		SPARE	1	20			SPACE ONLY		24
	5720							11,400	
	17,120	TOTAL CONNECTED LOAD (49.6 AMPS)							

** CIRCUIT VIA 7-DAY 24 HOUR PROGRAMMABLE, FOR SITE LIGHTING, EXTERIOR BLDG LIGHTING AND BUILDING SIGN.

ELECTRICAL KEY NOTES

1. UTILITY CO RISER POLE AS PER UTILITY CO. EC TO COORD FIELD.
2. EC TO LEAVE SUFFICIENT SLACK FOR UTILITY CO CONNECT
3. 4" SCHEDULE 80 PVC WITH STAND-OFFS AS PER UTILITY C
4. 4 #600 KCMIL COPPER & 1 #1/0 COPPER GROUND IN 4" CON CONDUIT WITH PULLWIRE, CAP ONE END.
5. 400 AMP-120/208V-3Ø-4W NEMA 3R-42 KAIC METER CENTER METER SOCKETS W/3P-200 MCB'S AND (1) 100 AMP METER S PANEL.



ING FLOOR PLAN

REV #	DATE

R.I. CON