



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.

A handwritten signature in black ink, appearing to read "Bryan J. Dickerson".

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

21-1496



C21-001371

1. State Specific Use:

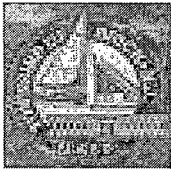
2. Use Group, Proposed:

3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present

Proposed



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 07/15/2021
Control Number C-21-001371
Permit Number 21-1496
Permit Issue Date 06/07/2021
Certificate Number 21-1496

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, Block: 671 Lot: 1.01 Qual: _____
NJ
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST %
Owner Address: 909 ROSE AVE SUITE 200 NORTH BETHESDA MD 20852
Telephone: _____
Contractor NORTHEAST SIGN & LIGHTING
Address 1225 RIVER AVE PT PLEASANT NJ 08742
Telephone: (732) 899-2887 Fax: _____ Federal Emp. Number: 22-3557446
License Number or Builders Registration Number: _____
Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private
Use Group: M Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: SIGN INSTALLATION - - WINE OUTLET ...INSTALL ILLUMINATED FACADE SIGN

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 NJACS:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

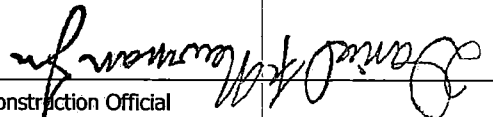
- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:


Construction Official
Date Printed: 07/15/2021

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

Fee: \$0.00
Check Number: _____
Collected By: _____



WINE OUTLET

BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #

6/7/21

Date Issued
Permit #

21-1496

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

Block 671 Lot 1.01 Qualification Code _____

Work Site Location Wine Outlet
56 Chambersbridge Rd Space #42 Brick, NJ 08723

Owner in Fee: Federal Realty Investment Trust

Tel. (610) 715-0342 e-mail _____

Address 50E Wynnewood Rd Suite #200 Wynnewood, PA 19096

Contractor: Northeast Sign & Lighting, Inc. Tel. (732) 899-2887

Address 1225 River Ave e-mail info@northeastsignco.com

Pt. Pleasant, NJ 08742

Contractor License No. or Builder Registration No. N/A Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason N/A

Federal Emp. ID No. 223557446 FAX: _____

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
Date Initial	Dates (Month/Day)
☐ No Plans Required	Type: _____ Failure _____ Failure _____ Approval _____ Initial _____
☒ All	Footings _____
☐ Footings/Foundations	Footings Bonding _____
☐ Structural/Framework	Foundation _____
☐ Exterior	Slab _____
☐ Interior	Frame _____
Joint Plan Review Required:	Truss Sys./Bracing _____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator	Barrier-Free _____
SUBCODE APPROVAL FOR PERMIT	Insulation _____
Date: <u>05/21/21</u>	Finishes -Base Layer _____
Approved by: <u>KKK</u>	Finishes -Final _____
SUBCODE APPROVAL FOR CERTIFICATE	Energy _____
☐ CO ☐ CCO ☒ CA	Mechanical _____
Date: <u>07/08/21</u>	TCO _____
Approved by: <u>KKK</u>	Other _____
	Final: <u>07/08/21</u> <u>KKK</u>
	Barrier-Free _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____

No. of Stories _____ If Industrialized Building: _____

Height of Structure _____ ft. State Approved _____ HUD _____

Area — Largest Floor _____ sq. ft. Est. Cost of Bldg. Work:

New Bldg. Area/All Floors _____ sq. ft. 1. New Bldg. \$ 9,200

Volume of New Structure _____ cu. ft. 2. Rehabilitation \$ _____

Max. Live Load _____ 3. Total (1+ 2) \$ 9,200

Max. Occupancy Load _____

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.

Sign here: _____

Print name here: Michael DeFalco

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installation of a new LED illuminated direct mounted channel letter sign over the storefront as per the drawings supplied.

COMMERCIAL

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6')
- ☒ Sign 150 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 \$ _____



WINE OUTLET

ELECTRICAL SUBCODE

TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

6/7/21
21-1496

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

Block 671 Lot 1.01 Qualification Code _____

Work Site Location 56 Chambers Bridge Dr Unit #4

Owner in Fee: Federal Realty Trust

Tel. (610) 715-0342 e-mail _____

Address 56 E. Wyntonwood Dr Unit #4
street municipality zip code

Contractor: Empire Electric Tel. (321) 681-1115

Address 4130 W. 18th Ave e-mail _____
Wau N.J. 07727

Contractor License No. 13843A Exp. Date 3/24

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

Federal Emp. ID No. 20-0088355 FAX: (_____)

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as \$250 Utility Co. _____

Est. Cost of Elec. Work \$ \$250

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
[] No Plans Required	Type: _____
[] Partial - Underslab Utilities Approved	Rough _____
Date: _____ Approved by: _____	Barrier-Free _____
[x] Electric Plans Approved	Trench _____
Date: <u>4/20/21</u> Approved by: <u>TLL</u>	Temp. Serv. _____
Joint Plan Review Required:	Constr. Serv. _____
[] Bldg. [] Plumb. [] Fire. [] Elev.	TCO _____
SUBCODE APPROVAL for PERMIT	Other _____
Date: <u>4/20/21</u>	Service _____
Approved by: <u>TLL</u>	Final _____
Acting	Barrier-Free _____
SUBCODE APPROVAL for CERTIFICATE	Temp. Cut-in-Card Date Issued _____
[] CO [] CCO [x] CA	Final Cut-in-Card Date Issued _____
Date: <u>7-9-21</u>	Annual Pool Inspection _____
Approved by: <u>W</u>	Date of Grounding and Bonding Certification _____

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: Thomas T Crader

Print name here: Thomas T Crader

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

TECHNICAL SITE DATA

DESCRIPTION OF WORK: Change Sign to Signaled and

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	_____
<u>1</u>	<u>1/2</u>	KW Elec. <u>Sign/Outline Light</u>	_____

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



CONSTRUCTION PERMIT

Date Issued 6/7/21
Control # C-21-001371
Permit # 21-1496

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier: _____
Work Site Location: 56 CHAMBERS BRIDGE RD. Brick Township, NJ Contractor: NORTHEAST SIGN & LIGHTING
Owner in Fee: FEDERAL REALTY INVESTMENT TRUST % Address: 1225 RIVER AVE PT PLEASANT NJ 08742
909 ROSE AVE SUITE 200 NORTH BETHESDA Telephone: (732) 899-2887
MD 20852 Lic. No. or Bldrs. Reg. No. _____
Telephone: _____ Federal Employee No. 22-3557446

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

SIGN INSTALLATION - WINE OUTLET ...INSTALL ILLUMINATED FACADE SIGN

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 \$9,450

PAYMENTS (Office Use Only)

Building	\$150
Electrical	\$150
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$17
CO Fee	
Other	\$0
Total	\$317
Check No.	<u>1212</u>
Cash	\$0
Credit	\$0
Collected By	<u>M. Jansen</u>

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:

☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials; sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☒ A complete copy of released plans must be kept on the job site.

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

RECEIVING CLERK

DATE REC'D

ZONING PERMIT APPLICATION

PERMIT #

DATE ISSUED

BLOCK:

LOT:

QUALIFIER:

SITE ADDRESS:

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: _____

IDENTIFICATION:

1. NAME OF OWNER IN FEE:

COMPLETE ADDRESS:

PHONE #

EMAIL:

2. NAME OF APPLICANT:

APPLICANT ADDRESS:

PHONE #

EMAIL:

3. RESPONSIBLE PERSON FOR WORK:

PHONE#

FAX#

4. SIGNATURE OF APPLICANT:

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

DESCRIPTION:

ZONING REVIEW:

DATE REVIEWED:

DATE DENIED:

DATE APPROVED:

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.

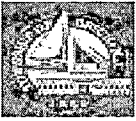
2) Two copies of the plans with dimensions and heights noted:

- 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



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

Date Issued: 6/7/21
Application Number: ZA-21-00583
Application Date: 4/21/2021
Project Number: _____
Permit Number: 2P-21-00789
Fee: \$75.00

Zoning Permit

Worksite **56 CHAMBERS BRIDGE RD.**
Location: **Brick Township, NJ 08723**

Owner: **FEDERAL REALTY INVESTMENT TRUST %**
Address: **909 ROSE AVE SUITE 200**
NORTH BETHESDA, MD 20852

Applicant: **NORTHEAST SIGN & LIGHTING**
Address: **1225 RIVER AVE**
PT PLEASANT, NJ 08742

Block: 671 Lot: 1.01 Qualifier: _____ Zone: B-3

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

Present Use: Retail Store

☐ Non Conforming Use

☐ Non Conforming Structure

Proposed Use: Retail Store (Wine Outlet)

Work Description:

Sign - Install a channel letter sign anchoring to facade of building.

The sign cannot exceed 15% of the storefront facade.

Additional Zoning Permit is required for additional work.

Application Approved Date: 4/21/2021

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

4/21/2021

Date

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK _____

PERMIT # _____

BLOCK 671 LOT 101 ADDRESS West Acres 56 Chamans Bridge Rd Spout #42**IDENTIFICATION:**

1. WORK SITE ADDRESS West Acres 56 Chamans Bridge Rd #42
2. APPLICANT Northwest Sea
3. NAME OF OWNER IN FEE Frederic Phony Ferguson Trust
ADDRESS 50 E WYNWOOD RD STE #200
PHONE 610-715-0542 EMAIL _____
4. PRINCIPAL CONTRACTOR Northwest Sea
ADDRESS 1225 Ocean Art Business N16 08742
PHONE 732-899-2887 EMAIL info@northwestsea.com
5. ARCHITECT OR ENGINEER J. H. H. H.
ADDRESS 2 Hemmingway Rd G. H. H. H. N15
PHONE 973-576-8215 EMAIL _____
6. RESPONSIBLE PERSON FOR WORK Mike De Franco
ADDRESS 1225 Ocean Art R. H. H. H.
PHONE 732-899-2887 EMAIL _____

FEE SUMMARY:

APPLICATION FEE \$ _____

REVIEW FEE \$ _____

INSPECTION FEE \$ _____

OTHER \$ _____

BOND(S) \$ _____

TOTAL \$ _____

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 _____

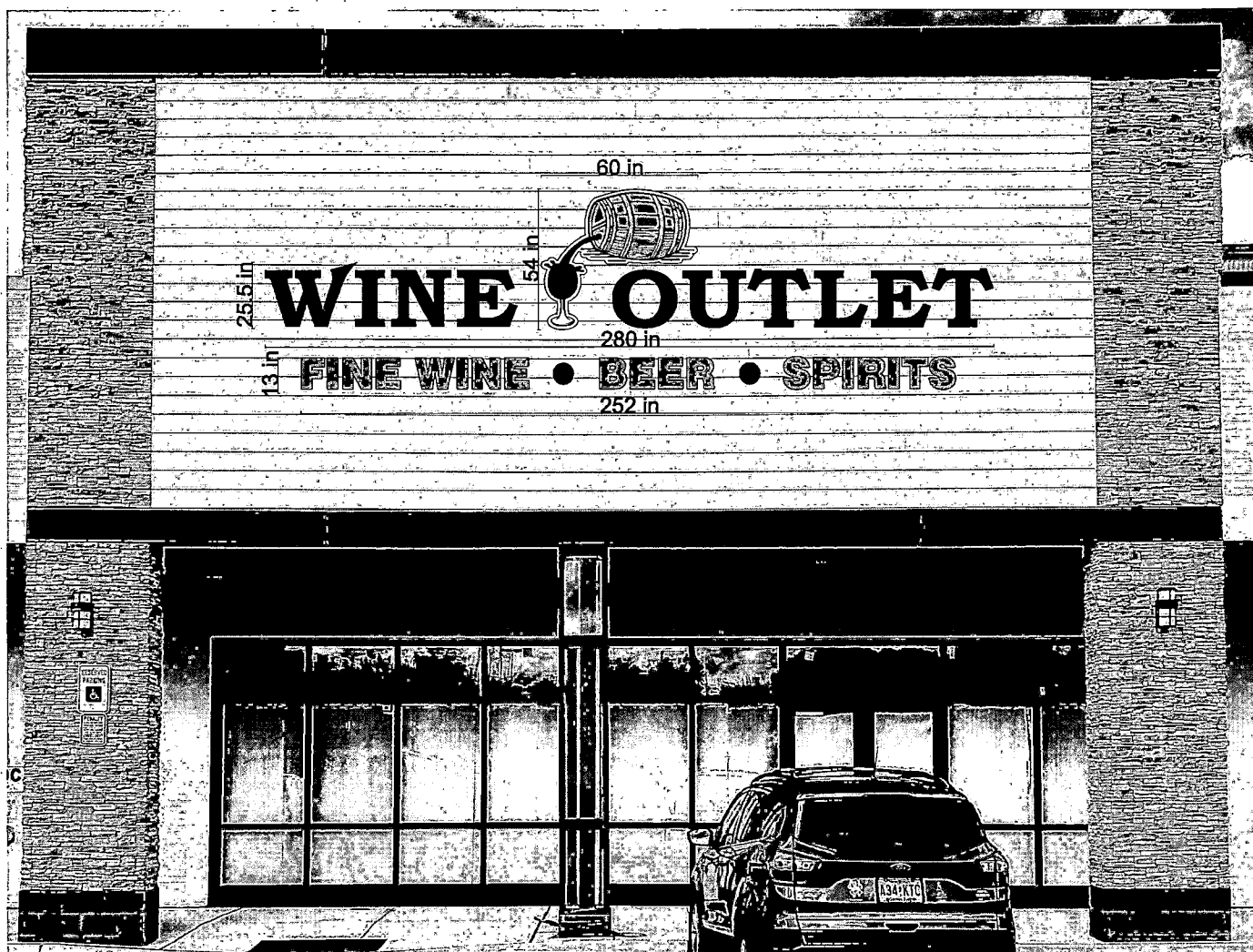
PROJECT DESCRIPTION:

- ☐ GRADING/CLEARING ☐ ROAD OPENING ☐ SOIL REMOVAL / FILL
- ☐ RETAINING WALL ☐ POOL ☐ BULKHEAD / DOCK ☐ DWELLING
- ☐ TREE REMOVAL ☐ COMMERCIAL SITE MAINTENANCE
- ☐ DESCRIPTION _____

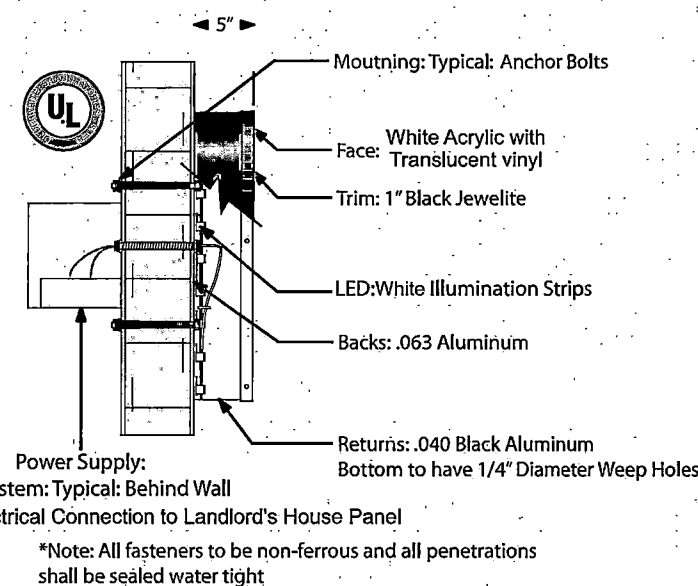
ENGINEERING REVIEW:

DATE RECEIVED _____ DATE REJECTED _____ DATE APPROVED _____ INITIALS _____

Wine Outlet - 56 Chambers Bridge Rd Unit 42 Brick NJ 08723



Direct Mount Channel Letters - Black Trim & Returns
Overall Size: 77"x280"



Power Supply:
v System: Typical: Behind Wall
Electrical Connection to Landlord's House Panel
*Note: All fasteners to be non-ferrous and all penetrations shall be sealed water tight

Front Lit LED Channel Letter - Flush Mount

TYPICAL - Section Detail

FILE COPY

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	3/8"	per/Note	YES	YES	ONLY WITH BACKER (MIN. 3/4" PLYWOOD)	YES
EXPANSION ANCHOR	3/8"	per/Note	YES ²	NO	NO	NO
LAG BOLT	3/8"	per/Note	NO	1" SOLID WOOD PENETRATION REQ'D	NO	NO
TOGGLE BOLT	3/8"	per/Note	IF THROUGH BLOCK FACE	YES	ONLY WITH MIN. 3/4" PLYWOOD BACKER	YES
Tek-Screw	1/4"	per/Note	NO	NO	NO	YES into 1/8" Alum or 1/16" Steel

1.) Fasteners shall be evenly spaced.
2.) Expansion anchors require a minimum 1-3/4" solid masonry embedment. Install per/tek-guide
3.) Tek-Screw into Alum. Require SS Screw - Full Thread Embedment Required.
4.) Thru-Bolts into 12x2x3/16" Stl. Angle or P1000 Uni-Strut or 2x6 lumber spanning two(2) wall studs per/Bolt

Engineers Connection Note:

Provide 3/8" Diam. Fasteners through box framing with washers using the fastener schedule for existing wall construction type to determine the fastener type to install as follows:
* 25.5" Letter: Provide Three(3) per/Letter, Two(2) Top and One(1) Bottom.
* 13" Letters: Provide Two(2) per/Letter, One(1) Top and Bottom at angle top to bottom.
* LOGO: Provide Four(4) Barrel and Three(3) wine glass evenly spaced.
* Dots provide Two(2) 1/4"Ø Fasteners per/dot

TOWNSHIP OF BRICK

RELEASED FOR PERMIT
Building Subcode
Plumbing Subcode
Fire Subcode
Electrical Subcode
Plan Reviewer
Plans Released
Construction Official

DESIGN SPECIFICATIONS	
IBC 2018 with NJ amendments	
ASCE 7-16	Minimum Design Loads for Buildings & Other Structures
ACI 318-14	Building Code Requirements for Structural Concrete
ANSI/AISC 360-16	Specification for Structural Steel Buildings
DESIGN LOADS	
Wind	V = 120 mph
Pressure	
Wind Speed	20 psf

MURDOCH ENGINEERING
SIGN STRUCTURE PROFESSIONALS

HUMMINGBIRD CT.
HOWELL, NJ 07731
(973) 570-8216

Jeff Murdoch, PE
Professional Engineer
NJ PE Lic. #48980
Exp. 4/30/2022

NORTHEAST SIGN & LIGHTING

1225 River Ave.
Pt. Pleasant, NJ 08742
732-899-2887
info@northeastsignco.com

LISTED



Underwriters Laboratories, Inc.

DATE: 4/1/21

ORIG.

REV.

REV.

REV.

X

APPROVED FOR FABRICATION

PAGE: 1 of 1