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 670 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) 2770 Hooper Ave. PERMIT NO. 21-3151

CONSTRUCTION PERMIT APPLICATION

C21-003867

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

I. IDENTIFICATION

1. Proposed Work Site at: 2770 Hooper Ave. (Buffalo Wild Wings)
2. Name of Owner in Fee: Antsut Group LLC
   Tel. 732 917 7311 e-mail Stephen@antsutgroup.com
   Address 409 Joyce Kilmer Ave. Su 310 New Brunswick NJ 08901
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: North Star Signs Tel. 973 244 1144 x7103
   Address 66 Clinton Rd. Unit A e-mail Katie@northstarsign.com
   Fairfield NJ 07004
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason
   Federal Emp. ID No. 26-1477808 FAX: 973 244 1544
5. Architect or Engineer Murdoch Engineering Contact _____
   Address 2 Hummingbird Ct Howell NJ 07731 e-mail projects@murdochengineering.com
   Tel. 973 570 8215 FAX: _____
6. Responsible Person in Charge once Work has Begun Katie Venezia
   Tel. 973 244 1144 x7103 FAX: 973 244 1544

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 200		
2. Electrical	150		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	14		
10. Subtotal	$ 350		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 414		

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 (pylon sign)
- ☐ 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	6000				11/15/21	KEE			
☒ Electrical	250				10/26/21	TG			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Eng Exempt			10/21/21	ECC			
TOTAL COST	6250 $0								

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 _____

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 03/17/2022
Control Number C-21-003867
Permit Number 21-3151
Permit Issue Date 12/03/2021
Certificate Number 21-3151

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 2770 HOOPER AVE. Brick Township, NJ Block: 670 Lot: 4 Qual:

Owner in Fee: KENNEDY MALL ASSOCIATES

Owner Address: 641 SHUNPIKE RD. CHATHAM NJ 07928

Telephone: (732) 917-7311

Contractor NORTHSTAR SIGNS

Address 66 CLINTON RD UNIT 4 FAIRFIELD NJ 07004

Telephone: (973) 244-1144 Fax: Federal Emp. Number:

License Number or Builders Registration Number:

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

Use Group: U Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SIGN INSTALLATION - - BUFFALO WILD WINGS ...INSTALL MONUMENT 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 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: 03/17/2022

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 12/3/21
Control #
Date Issued
Permit # 21-3151

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

Block 6970 Lot 4 Qualification Code

Work Site Location 2770 Hooper Ave. / Buffalo Wild Wings

Owner in Fee: Antsul Group LLC

Tel. (732) 917 7311 e-mail Stephen@antsulgroup.com

Address 409 Joyce Kilmer Ave Su 310 New Brunswick NJ 08901
street municipality zip code

Contractor: North Star Signs Tel. (973) 244-1144 x7103

Address 66 Clinton Rd Unit A e-mail katiev@northstarsign.com
Fairfield NJ 07004

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. 26-1477868 FAX: (973) 244-1544

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	11/15/21	MEK
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 11/15/21
Approved by: MEK

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 03/11/22
Approved by: MEK

INSPECTIONS Type:	Failure	Dates (Month/Day) 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			03/11/22	MEK
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. $ 6000
2. Rehabilitation $ _____
3. Total (1+2) $ 6000

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: Katie Venezia

Print name here: Katie Venezia

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace the faces for the pylon sign. (49.0 sq. ft.)
COMMERCIAL

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[X] Sign 49 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 $

U.C.C. F110
(rev. 11/09)

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 12/3/21
Control # 21-3152
Date Issued
Permit #

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

Block 670 Lot 4 Qualification Code
Work Site Location 2770 Hooper Ave / Buffalo Wild Wings

Owner in Fee: Antsul Group LLC
Tel. (732) 917 7311 e-mail Stephen@antsulgroup.com
Address 469 Joyce Kilmer Ave Su. 310 New Brunswick NJ 08901
(street) (municipality)

Contractor: North Star Signs Tel. (973) 244 1544x7103 (zip code)
Address 66 Clinton Rd Unit A e-mail Katieva@northstar
Fairfield NJ 07004 sign.com
Contractor License No. or Builder Registration No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 26-1477868 FAX: (973) 244 1544

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: Katie Venezia
Print name here: Katie Venezia

D. TECHNICAL-SITE DATA

DESCRIPTION OF WORK
Replace + install about 3 new sign types on the interior + exterior. Combine sq.ft (159.85) 2 Sign A, Sign B, Sign K
COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	11/19/21	KEK
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 11/19/21
Approved by: KEK

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 03/11/22
Approved by: KEK

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final 11/4/22			03/11/22	KEK
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. $ 9320
2. Rehabilitation $ _____
3. Total (1+ 2) $ 9320

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[✓] Sign 159.85 Sq. Ft.
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other _____
[ ] Demolition

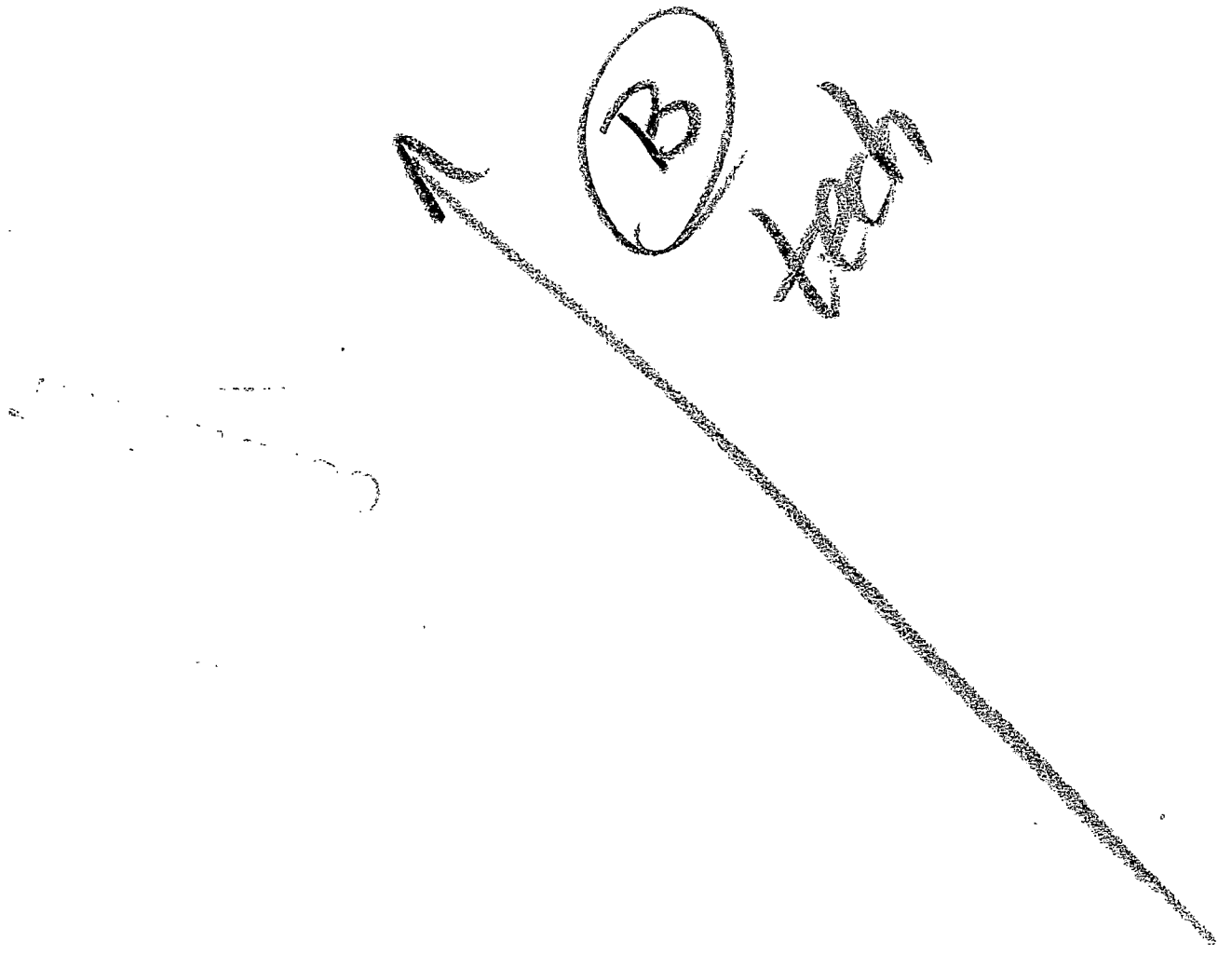
FEE (Office Use Only)
$ _____

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

U.C.C. F110
(rev. 11/09)

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

1/4/22 pm - Final skin not installed.



CONSTRUCTION PERMIT

Date Issued 10/3/21
Control # C-21-003867
Permit # 21-3151

IDENTIFICATION Block: 670 Lot: 4 Qualifier
Work Site Location: 2770 HOOPER AVE. Brick Township, NJ
Owner in Fee: KENNEDY MALL ASSOCIATES
641 SHUNPIKE RD. CHATHAM NJ 07928
Telephone: (732) 917-7311

Contractor: NORTHSTAR SIGNS
Address: 66 CLINTON RD UNIT 4 FAIRFIELD NJ 07004
Telephone: (973) 244-1144
Lic. No. or Bldrs. Reg. No.
Federal Employee. 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 (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
SIGN INSTALLATION - BUFFALO WILD WINGS ...INSTALL MONUMENT SIGN

PAYMENTS (Office Use Only)

Building	$200
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$11
CO Fee	
Other	$0
Total	$361
Check No.	1096
Cash	$0
Credit	$0
Collected By	

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 $6,250

Construction Official

11/15/21
Date

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.

- [x] 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.

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

Date Issued: 12/3/21
Application Number: ZA-21-01626
Application Date: 10/15/2021
Project Number:
Permit Number: ZP-21-1691
Fee: $50.00

Zoning Permit

Worksite **2770 HOOPER AVE.**
Location: **Brick Township, NJ 08723**

Owner: **KENNEDY MALL ASSOCIATES**
Address: **641 SHUNPIKE RD.**
CHATHAM, NJ 07928

Applicant: **NORTHSTAR SIGNS**
Address: **66 CLINTON RD UNIT 4**
FAIRFIELD, NJ 07004

Block: **670** Lot: **4** Qualifier: Zone: **B-2**

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

Present Use: **Restaurant**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Restaurant Buffallo Wild Wings**

Work Description:

Sign - Replace faces for existing pylon sign. Height of sign will remain unchanged.

Additional Zoning Permit is required for additional work.

Application Approved Date: 10/20/2021

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 — 10/20/2021 Date

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # ZP-21-01691
DATE ISSUED 12/3/21

BLOCK: 1010 LOT: 4 QUALIFIER: _____ SITE ADDRESS: 2770 Hooper Ave.

IDENTIFICATION:

1. NAME OF OWNER IN FEE: StephenSullivan@AntsulGroupLLC
COMPLETE ADDRESS: 409 Joyce Kilmer Ave. Suite 310
New Brunswick NJ 08901
PHONE # 7329177311 EMAIL: Stephen@antsulgroup.com

2. NAME OF APPLICANT: KatieVeneria@NorthStarSigns
APPLICANT ADDRESS: 66 Clinton Rd. Unit A
Fairfield NJ 07004
PHONE # 9732441144x7103 EMAIL: Katiev@northstarsign

3. RESPONSIBLE PERSON FOR WORK: KatieVeneria
PHONE# 9732441144x7103 FAX# 9732441544

4. SIGNATURE OF APPLICANT: KatieVeneria

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50-
OTHER: $ _____
TOTAL: $ 50-

REQUIRED BY APPLICANT

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

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

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

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

HEIGHT: 17' (maintain existing height) (*IF APPLICABLE)

OTHER _____

DESCRIPTION: _____

ZONING REVIEW:
DATE REVIEWED: 10-20-21 DATE DENIED: _____ DATE APPROVED: 10-20-21 INITIALS: _____

(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-21-01626
Application Date: 10/15/2021
Project Number:
Permit Number:
Fee: $50.00

Zoning Permit

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Owner: **KENNEDY MALL ASSOCIATES**
Address: **641 SHUNPIKE RD.**
CHATHAM, NJ 07928

Applicant: **NORTHSTAR SIGNS**
Address: **66 CLINTON RD UNIT 4**
FAIRFIELD, NJ 07004

Block: **670** Lot: **4** Qualifier: Zone: **B-2**

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☑ 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

10/20/2021
Date

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK _____

PERMIT # _____

BLOCK 610 **LOT** 4 **ADDRESS** 2770 Hooper Ave.

IDENTIFICATION:

1. WORK SITE ADDRESS 2770 Hooper Ave.
2. APPLICANT Buffalo Wild Wings
3. NAME OF OWNER IN FEE Stephen Sullivan @ Antsul Group LLC
   ADDRESS 409 Joyce Kilmer Ave Suite 310 North Brunswick NJ 08902
   PHONE 732 917 7311 EMAIL stephen@antsulgroup.com
4. PRINCIPAL CONTRACTOR North Star Signs
   ADDRESS 666 Clinton Rd Unit A Fairfield NJ 07004
   PHONE 973 244 1144 x 7103 EMAIL katiev@northstarsign.com
5. ARCHITECT OR ENGINEER Murdoch Engineering
   ADDRESS 2 Hummingbird CT. Howell NJ 07731
   PHONE 973 570 8215 EMAIL projects@murdochengineering.com
6. RESPONSIBLE PERSON FOR WORK Katie Venezia @ North Star Signs
   ADDRESS 666 Clinton Rd Unit A Fairfield NJ 07004
   PHONE 973 244 1144 x 7103 EMAIL katiev@northstarsign.com

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

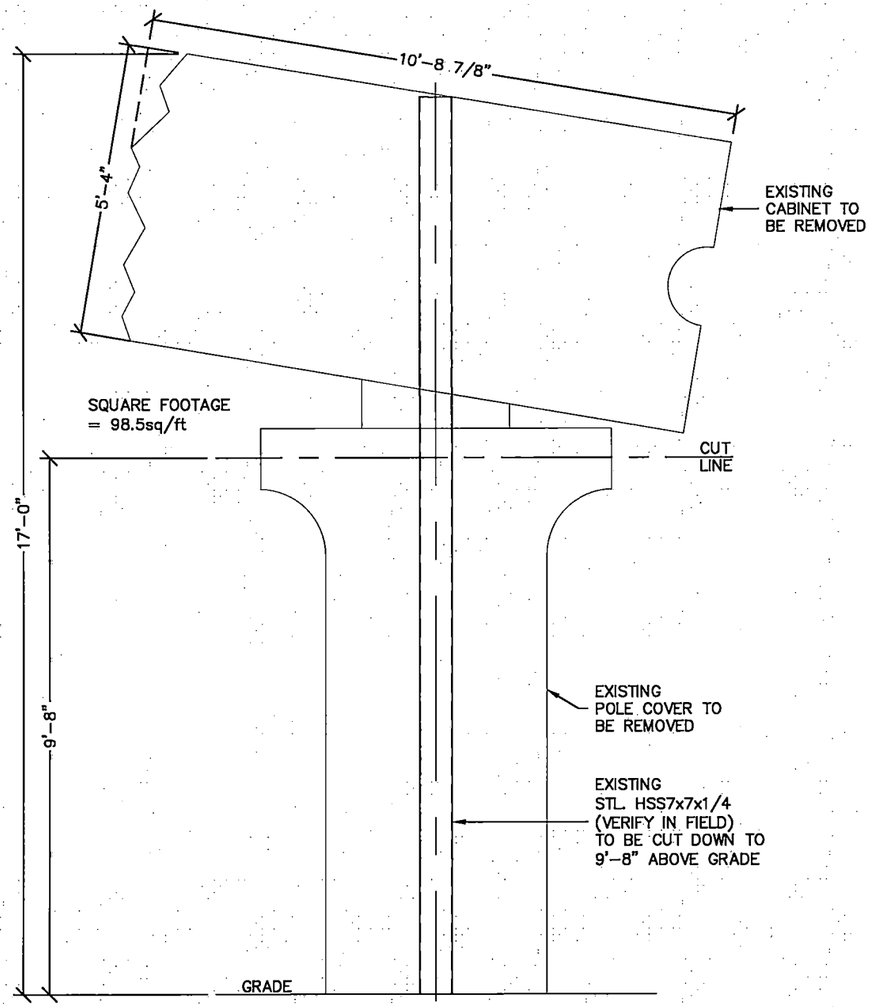
☐ RETAINING WALL ☐ POOL ☐ BULKHEAD / DOCK ☐ DWELLING

☐ TREE REMOVAL ☐ COMMERCIAL SITE MAINTENANCE

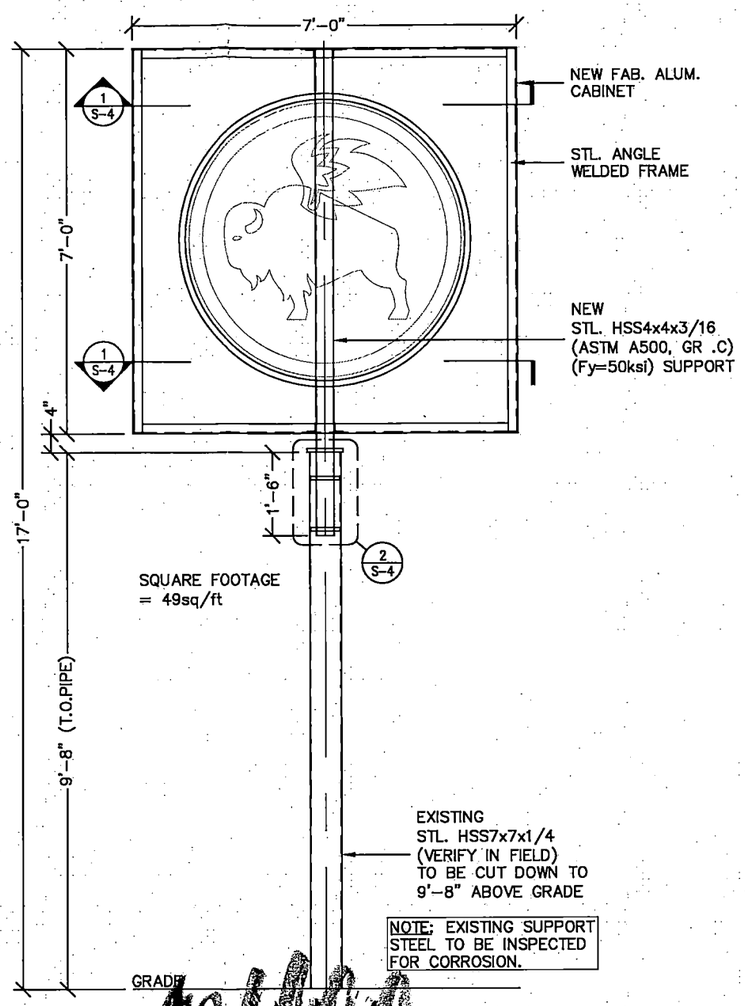
☒ DESCRIPTION signs/pylon sign

ENGINEERING REVIEW:

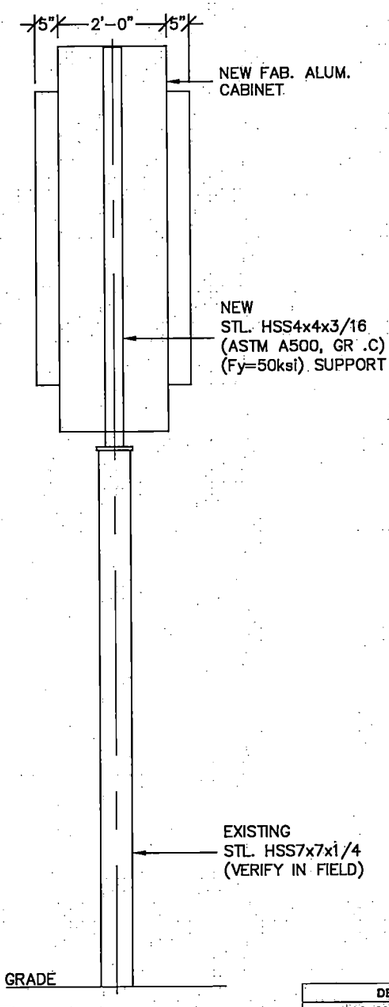
DATE RECEIVED _____ DATE REJECTED _____ DATE APPROVED _____ INITIALS _____



1 SIGN K – EXISTING ELEVATION
SCALE: 3/8" = 1'-0"



2 SIGN K – PROPOSED ELEVATION
SCALE: 3/8" = 1'-0"



3 END VIEW
SCALE: 3/8" = 1'-0"

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

MURDOCH ENGINEERING
SIGN STRUCTURE PROFESSIONALS
2 HUMMINGBIRD CT.
HOWELL, NJ 07731.
(973) 570-8215
9/15/2021
Jere Murdoch, PE
Professional Engineer.
NJ PE Lic. #48980

GENERAL NOTES:

1. CONTRACTOR SHALL VERIFY ALL DIMENSIONS AND CONDITIONS ON JOB SITE.
2. STRUCTURAL STEEL PIPE SHALL CONFORM TO NOTED SPECIFICATIONS.
3. STRUCTURAL STEEL SHAPES AND PLATES SHALL CONFORM TO ASTM A572, GR. 50.
4. WELDING SHALL CONFORM TO AWS D 1.1 & AISC SPECS.
5. ALL WELDING TO BE PERFORMED BY CERTIFIED WELDER.
6. ISOLATE ALUMINUM FROM STEEL.
7. ALL BOLT HOLES TO BE DRILLED OR PUNCHED.
8. ALL ELECTRICAL WORK TO CONFORM TO THE REQUIREMENTS OF UL48 AND SECTION 600 OF NEC.
9. UL AND DATA LABELS REQUIRED.
10. DESIGN IS BASED ON 125 MPH WIND, 3-SEC GUST, EXPOSURE C.

FEDERAL HEATH
VISUAL COMMUNICATIONS
4602 NORTH AVENUE, OCEANSIDE, CA. 92056
(760) 941-0715

ART DESIGN REFERENCE #23-67288-10-R3

NO.	REVISIONS	DATE	BY
1	–	–	–
2	–	–	–
3	–	–	–
4	–	–	–
5	–	–	–
6	–	–	–
7	–	–	–

BUFFALO WILD WINGS
2770 HOPPER AVE.
BRICK, NJ 08723

BWW BRICK, NJ #23-6728-10.dwg

DESIGN NO: S-0804921	PROJECT MGR.: J. HARVEY
DRAWN BY: D. DUPREE	DATE: SEPT. 2, 2021
JOB NO: 23-67288-10	

SHEET NO: S-3
OF: 4

DESIGN SPECIFICATIONS:	
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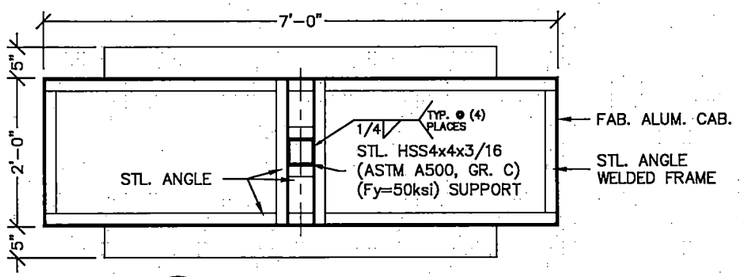
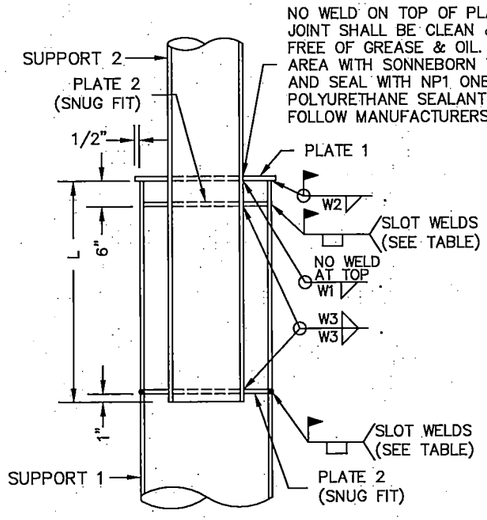
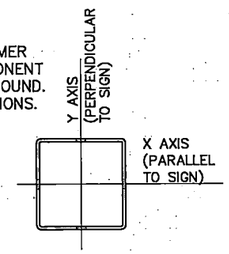
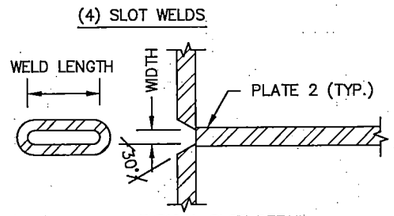


1 CONNECTION DETAIL
SCALE: 1/4" = 1'-0"



SLEEVE JOINT ELEVATION
N.T.S.

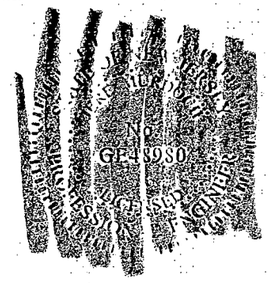




TYPICAL SLOT DETAIL
N.T.S.

SUPPORT 1	SUPPORT 2	"L"	PLATE 1	PLATE 2	W1	W2	W3	SLOT WELD
HSS7x7x1/4	HSS4x4x3/16	1'-6"	3/4"	3/4"	5/16	5/16	5/16	4 @ 3/4"x2"

2 SPICE DETAIL
SCALE: N.T.S.



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C	-	-	-
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E	-	-	-
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G	-	-	-

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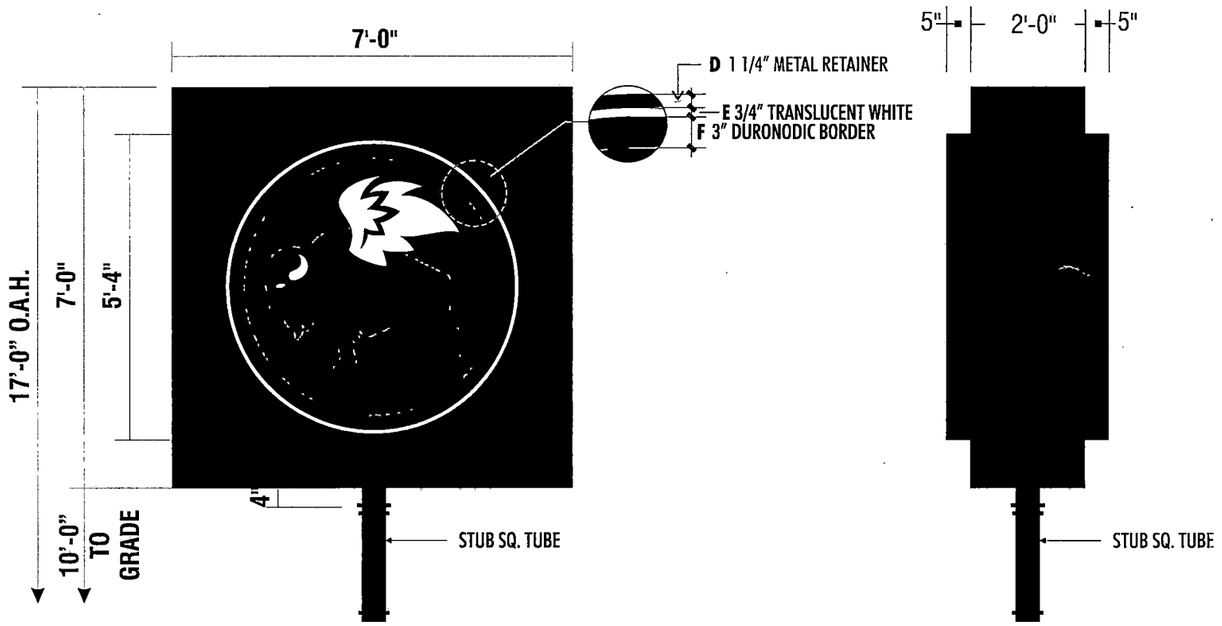


END VIEW

K CP-EM49 - DOUBLE FACED PYLON SIGN

SCALE: 3/8"=1'-0" **49.0 SQ.FT.**

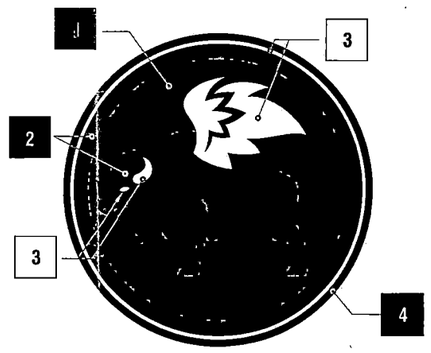
LOGO CHANNEL:
RETURNS & RETAINERS: BLACK

CIRCULAR FACE: WHITE POLYCARBONATE W/ FIRST SURFACE TRANSLUCENT VINYL DECORATION.

RECTANGULAR PORTION OF CABINET:
FABRICATED FROM ALUMINUM PAINTED BLACK.

ILLUMINATION VIA SloanLED Prism (White)

NOTE: MAINTAIN THE EXISTING OVERALL SIGN HEIGHT.
NOTE: EXISTING SUPPORT (7"X7"X1/4" SQUARE TUBE) CUT OFF 4" BELOW THE EXISTING SIGN

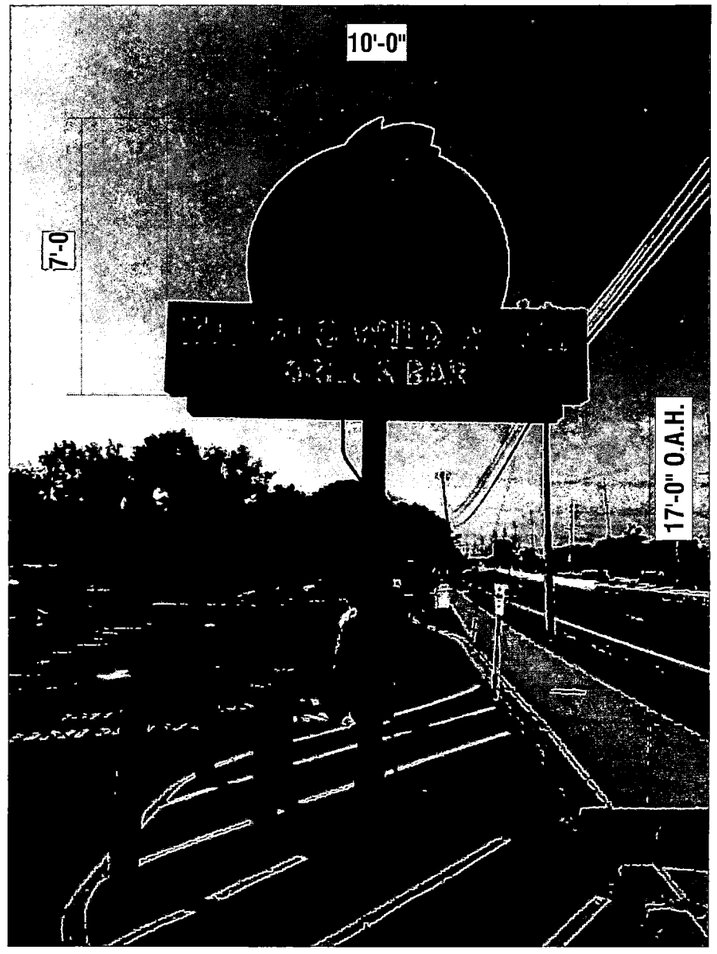


Color Breakdown | Logo

PMS 7548c	PMS 440c	100 % White	100 % Black
1	2	3	4
2500-125 Golden Yellow	2500-69 Duronodic		

TOWNSHIP OF BRICK
RELEASED FOR PERMIT

	INITIAL	DATE
Building Subcode Reviewer	MGK	11/15/21
Plumbing Subcode Reviewer		
Fire Subcode Reviewer		
Electrical Subcode Reviewer	TO 102621	



EXISTING PYLON **(MS2-84)**

EXISTING PYLON TO BE REMOVED AND REPLACED
EXISTING SUPPORT (7"X7"X1/4" SQ TUBE) CUT 4" BELOW EXISTING CABINET
NEW CABINET TO HAVE STUB PIPE TO INSERT INTO CUT SUPPORT.

FILE COPY

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VISUAL COMMUNICATIONS
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(386) 255-1901 Fax (386) 258-0211

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Grafton, WI - Houston, TX - Idaho Falls, ID - Jacksonville, TX
Knoxville, TN - Las Vegas, NV - Louisville, KY
Oceanside, CA - Racine, WI - Rochester Hills, MI - San Antonio, TX
Tampa, FL - Willowbrook, IL - Orlando, FL

Building Quality Signage Since 1901

Revisions:
R1 08.17.21 CA - Corrected Street Name fm 'Hooper' to 'Harper'.
R2 08.26.21 JG - Update site and legend; pg 4 dims; pg 6 rewy notes; pg 10 update dims add photo change pylon type; Add tenant R/Fs; Add Banner. Change address back to Hooper
R3 09.01.21 JP/JK - Sign A Enlarge sign type legend yellow highlight 59.2 sq.ft. Sign B rearrange order details of the end views add sign type of each element. delete "field survey required" on sign E,G,H & K replace photo of sign K.
R4 9.17.21 GB Add Banner Install Guide @ pg. 12
R5 9.22.21 BW Add square footage for signs K, L, M & E.

Colors Depicted In This Rendering May Not Match Actual Finished Materials. Refer To Product Samples For Exact Color Match.

Client Approval/Date:

Landlord Approval/Date:

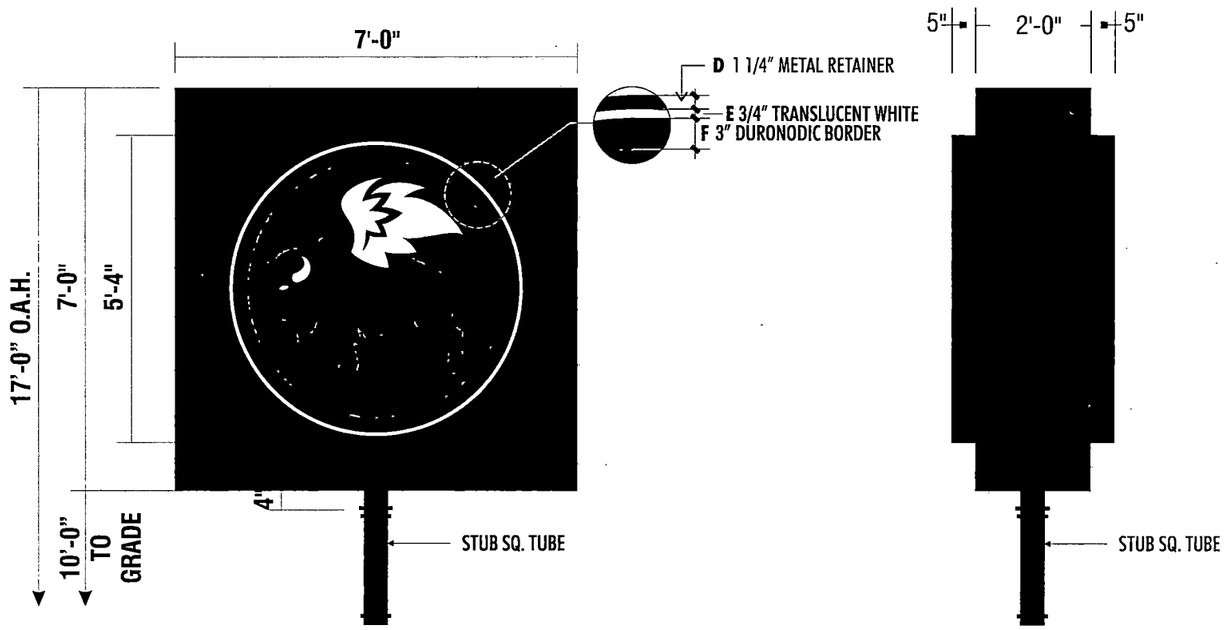
Account Rep:	Randy Cearlock
Project Manager:	Jim Harvey
Drawn By:	Jody Graham

Underwriters Laboratories Inc. — ELECTRICAL TO USE U.L. LISTED COMPONENTS AND SHALL MEET ALL N.E.C. STANDARDS

ALL ELECTRICAL SIGNS ARE TO COMPLY WITH U.L. 48 AND ARTICLE 600 OF THE N.E.C. STANDARDS, INCLUDING THE PROPER GROUNDING AND BONDING OF ALL SIGNS.

Project / Location:
2770 Hooper Ave
BRICK, NJ 08723

Job Number:	23-67288-10
Date:	July 29, 2021
Sheet Number:	13 Of 13
Design Number:	23-67288-10 R5



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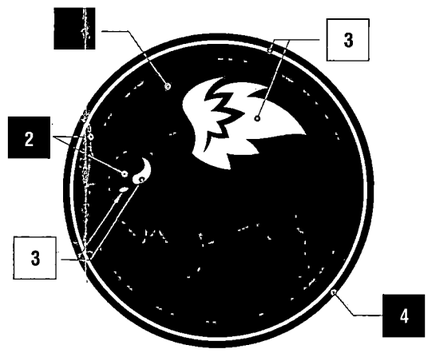

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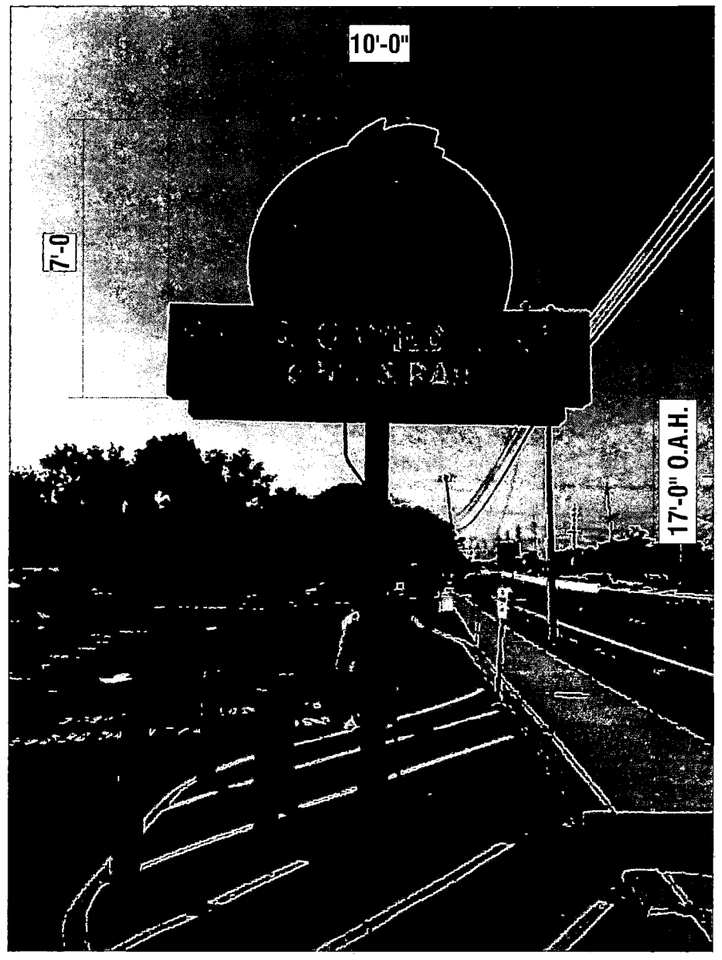

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APPROVED FOR ZONING
APPROVED FOR ZONING
10-20-21 Pylon Sign
CHRIS ROMANO, ZONING OFFICER

FEDERAL HEATH
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