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 9.01 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 21-2216

CONSTRUCTION PERMIT APPLICATION

C21-002354

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

I. IDENTIFICATION

1. Proposed Work Site at: 990 Cedar Bridge Ave (Salon Centric)
2. Name of Owner in Fee: Fourth Venture LLC % Paramount Realty
   Tel. (732) 961-8142 e-mail tsharo@paramountrealty.com
   Address 1195 Route 70 Ste 2000 (street) Lakewood (municipality) 08701 (zip code)
3. Ownership in Fee: Public X Private _____
4. Principal Contractor: ImageOne Industries, LLC Tel. (215) 826-0880
   Address 677 Dunksferry Road e-mail Darlenef@i1ind.com
   Bensalem PA 19020
   License No. OR, if new home, Builder Reg. No. N/A Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason N/A
   Federal Emp. ID No. 475251282 FAX: (215) 826-0514
5. Architect or Engineer Murdoch Engineering Contact Jere Murdoch
   Address 2 Hummingbird Ct e-mail _____
   Tel. (973) 570-8215 FAX: _____
6. Responsible Person in Charge once Work has Begun Joe Knotts
   Tel. (215) 787-8723 FAX: (215) 826-0514

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 150 / 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	58 -		
10. Subtotal	$		
11. Cert. of Occupancy	175		
12. Other			
13. TOTAL	$ 433		

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 X

CONVERTED

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)

- ☐ Building
- ☒ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

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
				07/30/21	VEK			
				6-29-21	RM			
					ECC			

TOTAL COST $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

U.C.C. F100-1 (rev. 8/08)

Salon Centric

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/26/2021
Control Number C-21-002354
Permit Number 21-2216
Permit Issue Date 08/20/2021
Certificate Number 21-2216

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 990 CEDAR BRIDGE AVE. Brick Township, NJ Block: 670 Lot: 9.01 Qual:

Owner in Fee: FOURTH VENTURE LLC%PARAMOUNT REALTY

Owner Address: 1195 ROUTE 70 #2000 LAKEWOOD NJ 08701

Telephone: (732) 961-8142

Contractor IMAGE ONE

Address 677 Dunksferry Rd. Bensalem PA 19020

Telephone: (215) 826-0880 Fax: (215) 826-0514 Federal Emp. Number: 20-889-3955

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 - - SALON CENTRIC ...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 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

Date Printed: 10/26/2021

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

Fee: $0.00
Check Number:
Collected By:

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(X) Check if contractor.

Agent Name Darlene Fenstermacher

Address 677 Dunksferry Road

Bensalem PA 19020

Telephone (215) 826-0880

Signature Darlene Fenstermacher

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 8/20/21
Control #
Permit # 21-22116
21-22116

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

Block 670 Lot 9.01 Qualification Code

Work Site Location 990 Cedar Bridge Ave (Salon Centro)
Brick NJ 08723

Owner in Fee: Fourth Venture LLC Paramount Realty

Tel. (732) 961-8142 e-mail tshaco@paramountrealty.com

Address 1195 Rt 70 Ste 2000 Lakewood NJ 08701
street municipality zip code

Contractor: P+G Lighting Tel. (908) 925-3191

Address 633 E. Elizabeth Ave
Linden NJ e-mail

Contractor License No. 13390 Exp. Date 3/24

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

Federal Emp. ID No. 222 865 765 FAX: (908) 925-0992

B. ELECTRICAL CHARACTERISTICS

Use Group: Present Proposed

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $ 600.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: PAUL VAN DAM

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Connect new building sign. COMMERCIAL

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixture	
		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. Rang/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	350	KW Elec. Sign/Outline Light	

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities Approved
Date: Approved by:

[X] Electric Plans Approved
Date: 6-29-21 Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 6-29-21
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 10-4-21
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final		10/12/21		
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 $

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy

UCC/F-120
(rev. 11/09)
Professional Printing
(856) 468-7933

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 8/20/21
Control #

Date Issued
Permit # 21-2216

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

Block 670 Lot 9.01 Qualification Code

Work Site Location 990 Cedar Bridge Ave (Salon Centric)
Brick NJ

Owner in Fee: Fourth Venture LLC % Paramount Realty

Tel. (732) 961-8142 e-mail tsharo@paramountrealty.com

Address 1195 Route 70 STE 2000 (street) Lakewood (municipality) 08701 (zip code)

Contractor: ImageOne Industries, LLC Tel. (215) 826-0880

Address 677 Dunksferry Road e-mail Darlenef@i1ind.com
Bensalem PA 19020

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

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 475251282 FAX: (215) 826-0514

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [✓] All — 07/20/21 KEK
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 07/20/21
Approved by: KEK

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 10/01/21
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			10/01/21	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. $ ____
2. Rehabilitation $ 3,000
3. Total (1+ 2) $ 3,000

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

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: Darlene Fenstermacher

Print name here: Darlene Fenstermacher

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install illuminated cabinet sign @51.25 sf
Reface tenant panel

COMMERCIAL

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence ____ Height (exceeds 6')
- [X] Sign 51 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 $ ____

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

CONSTRUCTION PERMIT

Date Issued 8/20/21
Control # C-21-002354
Permit # 21-2216

IDENTIFICATION Block: 670 Lot: 9.01 Qualifier

Work Site Location: 990 CEDAR BRIDGE AVE. Brick Township, NJ

Owner in Fee: FOURTH VENTURE LLC%PARAMOUNT REALTY
1195 ROUTE 70 #2000 LAKEWOOD NJ 08701

Telephone: (732) 961-8142

Contractor: IMAGE ONE
Address: 677 Dunksferry Rd. Bensalem PA 19020

Telephone: (215) 826-0880
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 20-889-3955

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 - SALON CENTRIC ...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 $30,600

D. Murray 7170 — Construction Official

8/21/21 — Date

PAYMENTS (Office Use Only)

Building	$150
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$58
CO Fee	
Other	$0
Total	$358
Check No.	2319
Cash	$0
Credit	$0
Collected By	

+75
433

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.

08/20/21 12:19PM 0015380705
WILD SERV 0.0
BUILDING $150.00
ELECTRIC $150.00
DCA $58.00
CO $75.00
CHECK 3 $358.00

- [ ] 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: 8/20/21
Application Number: ZA-21-00994
Application Date: 6/17/2021
Project Number:
Permit Number: ~~ZP-21-01188~~
Fee: $75.00

Zoning Permit

Worksite Location: **990 CEDAR BRIDGE AVE.**
Brick Township, NJ 08723

Owner: **FOURTH VENTURE LLC%PARAMOUNT REALTY**
Address: **1195 ROUTE 70 #2000**
LAKEWOOD, NJ 08701

Applicant: **IMAGE ONE**
Address: **677 Dunksferry Rd.**
Bensalem, NJ 19020

Block: **670** Lot: **9.01** 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 Salon Centric**

Work Description:

Sign - Install New Cabinet sign and reface panels for "Salon Centric."

Sign cannot exceed 15% of the storefront facade.

Additional Zoning Permit is required for additonal work.

Application Approved Date: 6/23/2021

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

7/21/2021
Date

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 670 LOT: 9.01 ADDRESS: 990 Cedar Bridge Ave (Salon Centric)

IDENTIFICATION:

1. WORK SITE ADDRESS: 990 Cedar Bridge Ave (Unit 12)
2. NAME OF OWNER IN FEE: Fourth Venture LLC To Paramount Realty
   ADDRESS: 1195 Route 70 Ste 200 PHONE #: (732) 961-8142
   Lakewood NJ 08701 FAX #: (732) 886-1690
3. PRINCIPAL CONTRACTOR: Image One Industries, LLC
   ADDRESS: 677 Dunksferry Rd PHONE #: (215) 826-0880 X1460
   Bensalem PA 19020 FAX #: (215) 826-0514
4. ARCHITECT OR ENGINEER: Murdoch Engineering
   ADDRESS: 2 Hummingbird Ct. Howell, NJ 07731 PHONE: # (973) 570-8215
5. RESPONSIBLE PERSON FOR WORK: Joe Knotts
   ADDRESS: 677 Dunksferry Rd, Bensalem PA 19020

PHONE #: (215) 826-0880 FAX #: (215) 826-0514 E-MAIL: JKnotts@i2ind.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 51.25 sf

LENGTH: 15' WIDTH: _____ HEIGHT: 3'5"

SPECIAL CONDITIONS:

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

ENGINEERING REVIEW:

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

RECEIVING CLERK Martin
DATE REC'D 6/11

ZONING PERMIT APPLICATION

PERMIT # _____
DATE ISSUED _____

BLOCK: 670 LOT: 9.01 QUALIFIER: _____ SITE ADDRESS: 990 Cedar Bridge Ave (Salon Centric) Unit 12

IDENTIFICATION:

1. NAME OF OWNER IN FEE: c/o Paramount Realty (Fourth Venture LLC)
   COMPLETE ADDRESS: 195 Route 70 Ste 2000 Lakewood NJ 08701
   PHONE # 732-961-8142 EMAIL: tsharo@paramountrealty.com
2. NAME OF APPLICANT: Darlene Fenstermacher ImageOne Industries, LLC
   APPLICANT ADDRESS: 677 Dunksferry Rd Bensalem PA 19020
   PHONE # 215-826-0880 X1460 EMAIL: Darlenef@i1ind.com
3. RESPONSIBLE PERSON FOR WORK: Joe Knotts
   PHONE# 215-787-8723 FAX# 215-826-0514
4. SIGNATURE OF APPLICANT: Darlene Fenstermacher

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 750
OTHER: $ _____
TOTAL: $ 750

REQUIRED BY APPLICANT

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

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

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: _____ *ADDITION _____ *ALTERATION X *PORCH _____ *DECK _____

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

HEIGHT: _____ (*APPLICABLE)

OTHER Sign -

DESCRIPTION: Install new cabinet sign @51.25sf. and reface tenant panels

ZONING REVIEW:

DATE REVIEWED: 6-23-21 DATE DENIED: _____ DATE APPROVED: 6-23-21 INTLS: _____

(SEE BACK PAGE)

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

Date Issued:
Application Number: ZA-21-00994
Application Date: 6/17/2021
Project Number:
Permit Number:
Fee: $75.00

Zoning Permit

Worksite Location: **990 CEDAR BRIDGE AVE. Brick Township, NJ 08723**

Owner: **FOURTH VENTURE LLC%PARAMOUNT REALTY**
Address: **1195 ROUTE 70 #2000 LAKEWOOD, NJ 08701**

Applicant: **IMAGE ONE**
Address: **677 Dunksferry Rd. Bensalem, NJ 19020**

Block: **670** Lot: **9.01** 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 Salon Centric**

Work Description:

Sign - Install New Cabinet sign and reface panels for "Salon Centric."

Sign cannot exceed 15% of the storefront facade.

Additional Zoning Permit is required for additonal work.

Application Approved Date: 6/23/2021

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 — 7/21/2021 Date

ImageOne INDUSTRIES

677 Dunksferry Rd. Bensalem, PA 19020
978 S. Camino Oro Dr. Goodyear, AZ 85338

Letter of Authorization to Obtain Sign Permits

Date: May 13, 2021

Location: **Salon Centric**
990 Cedar Bridge Ave.
Brick, NJ 08723

I, Morris D. Levy Owner/Agent of Fourth Venture, LLC have reviewed ImageOne's proposed signage package dated March 30, 2021 for the above location and I approve the signage as shown.

I hereby authorize ImageOne and/or their authorized representatives to permit and install the signs as shown on this drawing.

(Signature) 5.13.2021 Date

Managing Member
(Title)

SalonCentric

Exterior Signage Proposal

990 Cedar Bridge Ave.
Brick, NJ 08723

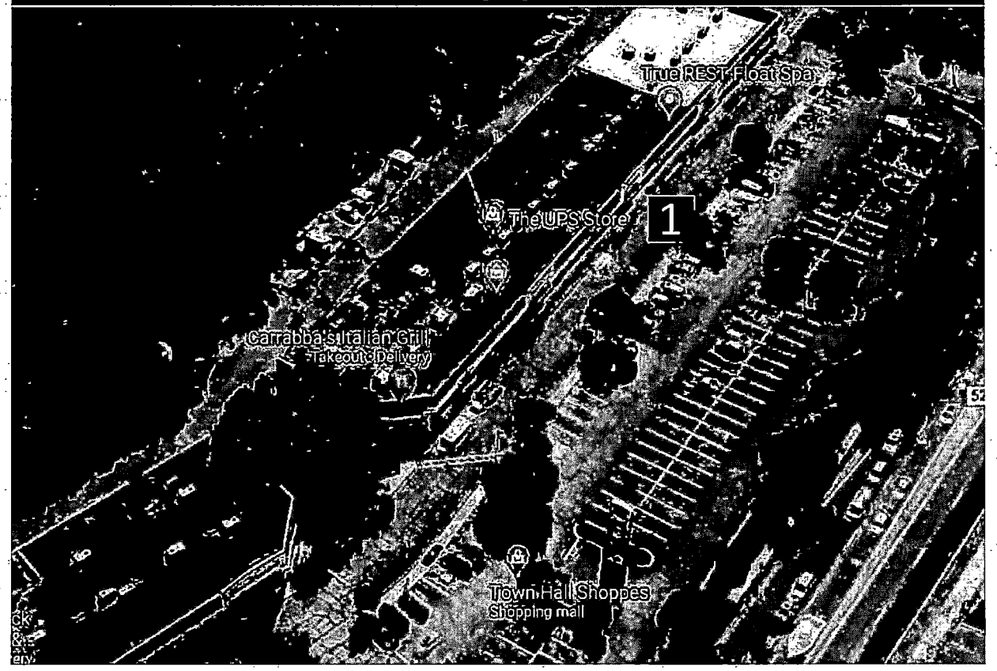
FILE COPY

Current 05/27/21

TOWNSHIP OF BRICK

RELEASED FOR PERMIT	INITIAL	DATE
Building Subcode	KAK	07/26/21
Plumbing Subcode		
Fire Subcode		
Electrical Subcode	6-29-21 WW	
Plan Reviewer		
Plans Released		
Construction Official		

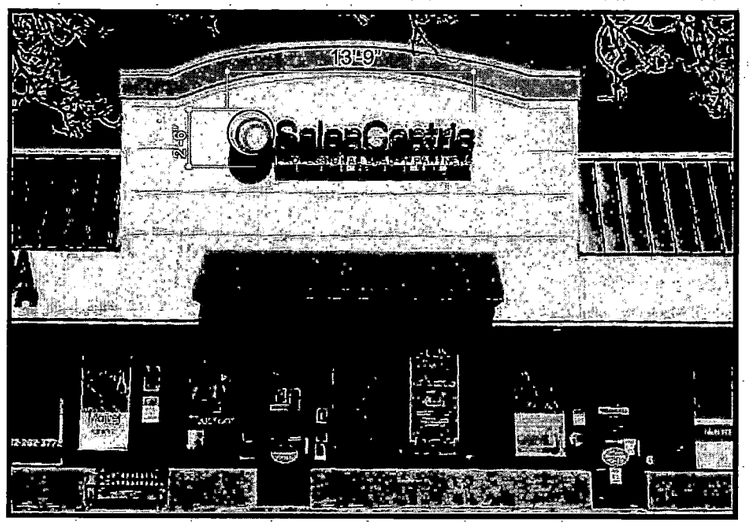
Aerial View/Signage Placement



Existing Signage & Proposal Key

Sign #	Existing Signage	Sq. Ft.	Proposed Signage	Sq. Ft.
1	Illuminated Wall Sign	34.38	Proposed Relocated Cabinet	51.25
2	Tenant Vinyl	7.5	Tenant Vinyl	7.5
3	Door Vinyl	–	(2) Sets of Door Vinyl	2.76

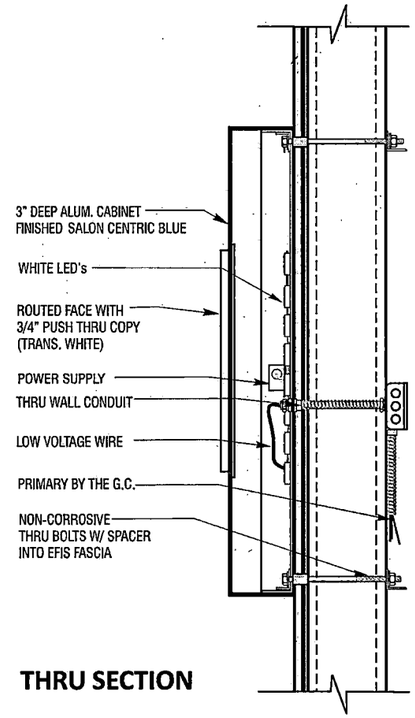
TOS not to exceed 25' from grade.



WORK SCOPE

REMOVE EXISTING RACEWAY SET OF CHANNEL LETTERS
INSTALL REPURPOSED SIGN IN PLACE OF REMOVAL

PROPOSED REPLACEMENT



THRU SECTION

FASTENER SCHEDULE (BOX SIGN)			WALL CONSTRUCTION			
HARDWARE	DIAM.	O.C. Spacing Max.	MASONRY (CMU-Block)	EFIS/DRYVIT OVER min. 3/4" PLYWOOD	EFIS/DRYVIT OVER GYPSUM/ DENSGLASS	METAL PANEL OVER METAL STUD
THRU-BOLT	3/8"	48in.	YES	YES	ONLY WITH BACKER (MIN. 3/4" PLYWOOD)	YES
POWERS DBL EXPANSION ANCHOR	3/8"	48in.	YES	NO	NO	NO
LAG BOLT	3/8"	42in.	NO	1" SOLID WOOD PENETRATION REQ'D	NO	NO
TOGGLE BOLT	3/8"	21in.	IF THROUGH BLOCK FACE	YES	ONLY WITH MIN. 3/4" PLYWOOD BACKER	YES
Tek-Screw	1/4"	42in.	NO	NO	NO	YES into 1/8" Alum or 1/16" Steel

1.) Fasteners shall be evenly spaced Top and Bottom w/4" Side end clearance. Through Min. 1/8" Alum. box framing with washers.
2.) Expansion anchors require a minimum 1-3/4" solid masonry embedment installed per/tec-guide for wall construction type.
3.) Tek-Screw into Alum. Require SS Screw - Full Thread Embedment Required.
4.) Thru-Bolts (All-Thread Rods) into L2x2x3/16" Stl. Angle or 2x6 lumber spanning two(2) wall studs per/Bolt - Rod

Engineers Connection Note:

Provide fasteners through sign box framing with washers using the fastener schedule for existing wall construction type to determine the fastener type and Max. O.C. bolt spacing to install evenly spaced along the top and bottom with a 4" Max. side end clearance.

- All fasteners must be installed per/manufacturer's Tech Guide.

- Contact Murdoch Engineering for revision if field conditions vary.

MURDOCH ENGINEERING
STRUCTURE PROFESSIONALS
2 HUMMINGBIRD CT.
LOWELL, NJ 07731
(973)570-8215
6/4/2021
Jere Murdoch, PE
Professional Engineer
NJ PE Lic. #48980
Exp. 4/30/2022

PN 2131558

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
Exposure	C	
Risk Cat.	II	
Grnd. Snow	Pg =	20 psf

image one
677 Dunksferry Rd. Bensalem, PA 19020
800 Business Park Dr. Freehold, NJ 07728
i1ind.com
215.826.0880

BY	DATE	REV.	DATE	DESCRIPTION	BY
RJM	03.30.21	2	05.27.21	ADD SECTION DETAIL, UPDATE PER NOTES	RJM

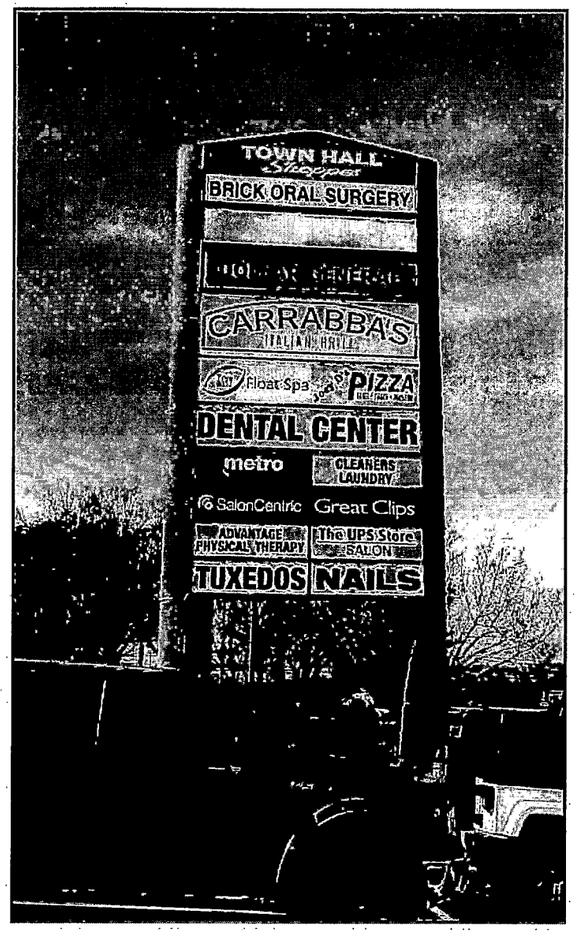
CLIENT: SalonCentric

69301-R2

990 Cedar Bridge Ave.
Brick, NJ 08723

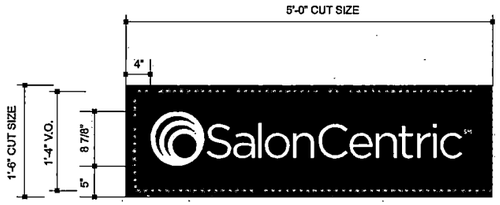
SHEET # 1.0

Sign 2



EXISTING CONDITION

PROPOSED PLACEMENT



FRONT VIEW

SCALE: 1/2"=1'-0"

WORK SCOPE

REMOVE EXISTING SALON CENTRIC VINYL
CLEAN SURFACE THOROUGHLY

INSTALL NEW TENANT VINYL ON BOTH SIDES
OF D/F PYLON SIGN

COLOR SPECIFICATIONS

3M 7725-38 ROYAL PURPLE

REVERSE WEEDED COPY

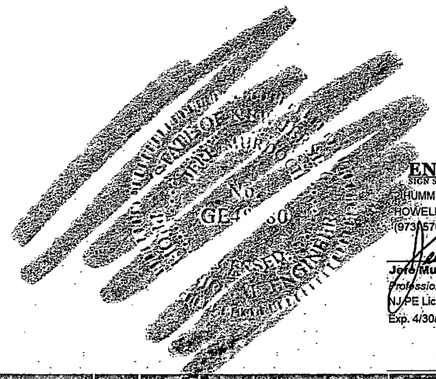
GENERAL NOTES:

1.) Existing sign box support shall be inspected where existing support meets the support structure. The inspection shall verify corrosion to existing steel aluminum and bolts has not taken place and document same. If corrosion is present, existing support structure shall be replaced. Contact Murdoch Engineering for changes.

2.) Murdoch Engineering confirms the existing Support structure is sufficient to resist applicable loading requirements as a result of the proposed modification. The existing sign square foot load area is equal or less than proposed sign square foot Wind/Snow/Dead/Live load area. Loading will be similar or less than existing load on the structure in the proposed condition. Proposed Modification is acceptable as Loading is acceptable. It is the responsibility of the contractor/installer to verify and document.

3.) Murdoch Engineering is not responsible for failure of the support structure, as existing conditions are unknown. Use of the existing footing/structure is at the contractors sole responsibility and twp. code enforcement official's discretion.

4.) Galvanic protection is required where dissimilar metals contact.



MURDOCH ENGINEERING
SIGN STRUCTURE PROFESSIONALS
HUMMINGBIRD CT.
POWELL, NJ 07731
(973) 670-8215

6/4/2021
John Murdoch, PE
Professional Engineer
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DESIGN LOADS		
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Exposure		C
Risk Cat.		II
Grnd. Snow	Pg =	20 psf

image one
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SHEET # 2.0