

BLOCK 852 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) 1759 Rt 88 Brick PERMIT NO. 05-0843



CONSTRUCTION PERMIT APPLICATION

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

05-133213

I. IDENTIFICATION

1. Proposed Work Site at: 1759 Rt 88
2. Name of Owner in Fee: Sharo's Contracting Tel. (732) 892-4441
Address R.O. Box 1802 - 315-321 Hawthorne Ave 08742
street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Girtain Sign Co Tel. (732) 349-8499
Address 1765 Rt 9 Toms River N.J. 08755
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. 223305786 FAX: (732) 505-3673
5. Architect or Engineer _____ Tel. (____) _____
Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Andrew Girtain.
Tel. (732) 349-8499 FAX: (732) 505-3673

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building			
2. Electrical	<u>6457</u> \$ <u>80</u>	<u>50</u>	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review		<u>1</u>	
8. Subtotal	\$		
9. State Permit Surcharge Fee	<u>8</u>		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other	<u>30</u>		
13. TOTAL	\$ <u>16851</u>		

3/25/05
QAH

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. Construction Classification	
7. Total Land Area Disturbed	_____ sq. ft.
8. Flood Hazard Zone	
9. Base Flood Elevation	_____ ft.
10. Wetlands	yes _____ no _____
11. Max. Live Load	
12. Max. Occupancy Load	

COMMERCIAL

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
1. ☒ Minor Work	<u>5,150</u>	<u>W</u>	<u>3/10/05</u>				<u>2-13-07</u>	
2. ☐ New Building								
3. ☐ Addition								
4. ☐ a. Repair								
☐ b. Alteration								
☐ c. Renovation								
☐ d. Reconstruction								
5. ☐ Fire Protection								
6. ☒ Plumbing								
7. ☒ Electrical								
8. ☐ Elevator Devices								
9. ☐ Asbestos Abat. Subch. 8								
10. ☐ Lead Hazard Abatement								
11. ☐ Demolition								
TOTAL COSTS	<u>5,150</u>	<u>W</u>	<u>3/15/05</u>		<u>3/15/05</u>	<u>W</u>	<u>12/23/05</u>	

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use: _____
2. Use Group: _____
3. Change in Use Group, Indicate Former: _____
4. No. of dwelling units: All Units Income-restricted
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use: _____
2. Use Group: _____
3. Change in Use Group, Indicate Former: _____

III. DO YOU WANT: (optional)

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS BR-B 10677602

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(e)1.vii:

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.

☒ Check if contractor.

Agent Name Quintain Sign Co

Address 1765 Rt 9

Toms River N.J 08755

Telephone 732-349-8499

Signature W. Johnson

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	
Electrical _____	Barrier Free _____	
Plumbing _____	Flood Hazard _____	
Fire Protection _____	As Built Elevation Cert. _____	
Mechanical _____	Other _____	

X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/13/2007
Tracking Number C-05-133273
Permit Number 05-0843
Permit Issue Date 03/24/2005
Certificate Number 05-0843

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1759 ROUTE 88 Brick Township, NJ Block: 852 Lot: 4 Qual: _____
Owner in Fee: PHARO'S CONTRACTING
Owner Address: PO BOX 1802 315-321 HAWTHORNE AVENUE PT PLEASANT BEACH NJ 08742
Telephone: (732) 892-4441
Contractor: GIRTAIN SIGN CO.
Address: 1765 RT 9 TOMS RIVER NJ 08753-
Telephone: _____ Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. 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 PYLON 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:

Construction Official

Date Printed: 02/13/2007

Fee: \$0.00

Check Number: 13132

Collected By: Damian Ayers

Page 1



PERMIT UPDATE

Date Update Issued 12/20/2005
Control # C-05-140069
Permit # 05-0843+A

IDENTIFICATION Block: 852 Lot: 4 Qualifier
Work Site Location: 1759 ROUTE 88 Brick Township, NJ Contractor GIRTAIN SIGN CO.
Address 1765 RT 9 TOMS RIVER NJ 08753-
Owner in Fee PHARO'S CONTRACTING
Address PO BOX 1802 315-321 HAWTHORNE AVENUE PT
PLEASANT BEACH NJ 08742 Telephone:
Telephone: (732) 892-4441 Lic. No. or Bldrs. Reg. No.
Federal Employee No. 22-3305786

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:

SERVICE PYLON 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 \$1,000

Construction Official 12/20/2005
Date

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$50
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	\$51
Check No.	6457
Cash	\$0
Credit	\$0
Collected By	Ellen Privett

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.

UNIFORM CONSTRUCTION CODE NEW JERSEY CONSTRUCTION PERMIT

Date Issued
Permit #

IDENTIFICATION Block 852 Lot (4) Qualification Code
 Work Site Location 1759 Rt 88 Contractor Gickling Sign Co
 Address 1705 Rt 9
 Owner in Fee Pharo's Contracting Co Inc Address 1705 Rt 9
852 Box 1882 35321 Hawthorne Ave. (732) 349-8499
852 81329 901 Beach N.J.
 Tel. (732) 892-4441 Lic. No. or Bids. Reg. No. 223305786

Is hereby granted permission to perform the following work:
☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER sign
 (Subchapter 8 only)

DESCRIPTION OF WORK:
80 sq ft. 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 \$ 5,150.00

Construction Official _____ Date _____

U.C.C. F170 (rev. 01/04)
 1 WHITE-INSPECTOR 2 CANARY-OFFICE 3 PINK-TAX ASSESSOR 4 GOLD-APPLICANT

PAYMENTS (Office Use Only)	
Building	_____
Electrical	_____
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA State Permit Fee	_____
Cert. of Occupancy	_____
Other	_____
Total	_____
Check No.	_____
Cash	_____
Collected by	_____

(see reverse side)



CONSTRUCTION PERMIT

Date Issued 03/24/2005
Control # C-05-133273
Permit # 05-0843

IDENTIFICATION Block: 852 Lot: 4 Qualifier _____
Work Site Location: 1759 ROUTE 88 Brick Township, NJ Contractor GIRTAIN SIGN CO.
Address 1765 RT 9 TOMS RIVER NJ 08753-
Owner in Fee PHARO'S CONTRACTING
Address PO BOX 1802 315-321 HAWTHORNE AVENUE PT Telephone: _____
PLEASANT BEACH NJ 08742 Lic. No. or Bldrs. Reg. No. _____
Telephone: (732) 892-4441 Federal Employee No. 22-3305786

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

PYLON 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 \$5,650

Construction Official

03/24/2005
Date

U.C.C. F170
equiv (rev 8/03)

INSPECTOR COPY

PAYMENTS (Office Use Only)

Building	\$80
Electrical	\$50
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$8
CO Fee	
Other	\$30
Total	\$168
Check No.	13132
Cash	\$0
Credit	\$0
Collected By	Damian Ayers



BUILDING SUBCODE TECHNICAL SECTION

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

Block 853 Lot 14

Work Site Location 1759 24 88

Owner in Fee 3a100's Contracting Co. Inc

Address 300 Box 1802 315-321 Hawthorne Ave

35 Pleasant Beach N.J. 08743

Tele. (732) 892-4441

Contractor Citipain Sign Co.

Address 1765 24 9

Tele. (732) 349-8499 Fax (732) 565-3673

Lic. No. or Bids. Reg. No. 223305786

Federal Emp. No. 223305786

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
			Type	Failure	Failure	Approval	Initial
☐ No Plans Required			Footings				
☐ All			Foundation				
☐ Footing			Slab				
☐ Foundation			Frame				
☐ Other			Barrier-Free				
Joint Plan Review Required:			Insulation				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes				
SUBCODE APPROVAL			Energy				
☐ CO ☐ CCO ☐ CA			Mechanical				
Date:			TCO				
Approved by:			Other				
			Final				
			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Const. Class	Present	Proposed	1. New Bldg. \$ <u>5150</u>
No. of Stories			2. Alteration \$
Height of Structure			3. Total (1+2) \$ <u>5150</u>
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			



Date Received
Date Issued
Control #
Permit #

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

80 sq. ft.
Sign

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☒ Sign
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

Administrative Surcharge	\$
Minimum Fee	\$
DCA Training Fee	\$
TOTAL FEE	\$



BUILDING SUBCODE TECHNICAL SECTION



Date Received 03/11/2005
Control # C-05-133273
Date Issued 3/24/05
Permit # 05-0843

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

Block 852 Lot 4 Qualification Code

Work Site Location: 1759 ROUTE 88

Owner In Fee: PHARO'S CONTRACTING

Address PO BOX 1802 315-321 HAWTHORNE AVENUE PT PLEASANT BEACH NJ

Tel. (732) 892-4441

Contractor: GIRTAIN SIGN CO.

Address 1765 RT 9 TOMS RIVER NJ

Tel. Fax.

Contractor License No. or, if new home, Bldgs Reg. No.

Federal Employee No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing		
☐ Foundation		
☐ Frame		
☐ Other		
☐ Joint Plan Review Required		
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator		
SUBCODE APPROVAL		
☐ CO ☐ CCC ☐ CA		
Date:		
Approved by:		

INSPECTIONS		Dates (Month/Day)		
Type:	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				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	U	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed		1. New Bldg. \$0
Number of Stories				2. Rehabilitation \$5,150
Height of Structure				3. Total (1+2) \$5,150
Area - Largest Floor			Sq. Ft.	
New Bldg. Area / All Floors			Sq. Ft.	
Volume of New Structure			Cu. Ft.	
Total Land Area Disturbed			Sq. Ft.	

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of the record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
SIGN INSTALLATION, PYLON SIGN

COMMERCIAL

TYPE OF WORK

☐ New Building	
☐ Addition	
☐ Rehabilitation	
☐ Roofing	
☐ Siding	
☐ Fence	Height (exceeds 6')
☒ Sign	80 Sq. Ft.
☐ Pool	
☐ Asbestos Abatement Subchapter 8	
☐ Lead Haz Abatement NJAC 5:17	
☐ Other	
☐ Demolition	

FEE (Office Use Only)

Administrative Surcharge	\$0
Minimum Fee	\$0
State Permit Surcharge Fee	\$7
TOTAL FEE	\$87



BUILDING SUBCODE TECHNICAL SECTION



Date Received 03/11/2005
Control # C-05-133273
Date Issued 3/24/05
Permit # 05-0843

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

Block 852 Lot 4 Qualification Code

Work Site Location: 1759 ROUTE 88

Owner in Fee: PHARO'S CONTRACTING

Address PO BOX 1802 315-321 HAWTHORNE AVENUE PT PLEASANT BEACH NJ

Tel. (732) 892-4441

Contractor: GIRTAIN SIGN CO.

Address 1765 RT 9 TOMS RIVER NJ

Tel. Fax.

Contractor License No. or, if new home, Bids Reg. No.

Federal Employee No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required	3/13/05	
☒ All		
☐ Footing		
☐ Foundation		
☐ Frame		
☐ Other		
☐ Joint Plan Review Required		
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator		
SUBCODE APPROVAL		
☐ CO ☐ CCO ☐ CA	2-13-07	
Date:		
Approved by:		

INSPECTIONS

INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
☒ Footing			4/7/05	gac
☐ Footing Bonding				
☐ Foundation				
☐ Slab				
☐ Frame				
☐ Truss Sys./Bracing				
☐ Barrier-Free				
☐ Insulation				
☐ Finishes-Base Layer				
☐ Finishes-Final				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				
☐ Final				
☐ Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	U	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed		1. New Bldg. \$0
Number of Stories				2. Rehabilitation \$5,150
Height of Structure				3. Total (1+2) \$5,150
Area - Largest Floor			Sq. Ft.	
New Bldg. Area / All Floors			Sq. Ft.	
Volume of New Structure			Cu. Ft.	
Total Land Area Disturbed			Sq. Ft.	

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

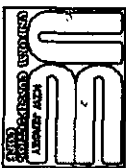
DESCRIPTION OF WORK
SIGN INSTALLATION, PYLON SIGN
See Notes
COMERCIAL

TYPE OF WORK

☐ New Building		\$0
☐ Addition		\$0
☐ Rehabilitation		\$0
☐ Roofing		\$0
☐ Siding		\$0
☐ Fence		\$0
☒ Sign	80	\$80
☐ Pool		\$0
☐ Asbestos Abatement Subchapter 8		\$0
☐ Lead Haz Abatement NJAC 5:17		\$0
☐ Other		\$0
☐ Demolition		\$0

FEE (Office Use Only)

Administrative Surcharge	\$0
Minimum Fee	\$0
State Permit Surcharge Fee	\$7
TOTAL FEE	\$87



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 852 ¹⁰¹ 1759 ET 88 Qualification Code 4

Work Site Location LAURELTON FC LLC

Owner in Fee LAURELTON FC LLC

Address 892 4441

Contractor GEARLESS ELECTRIC

Address 12801 MIZELL AVE

Tel (286) 4586 FAX (349) 7112

Contractor License No. 5841

Federal Emp. No. 02346749

B. ELECTRICAL CHARACTERISTICS DR 313 871677

Use Group Present Proposed

[] Pole/Pad # Temporary [] Other Utility Co.

Building Occupied as Est. Cost of Elec. Work \$ 1000

Est. Cost of Elec. Work \$ 1000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)		
			Type:	Failure	Approval	Initial
[] No Plans Required			Rough			
Joint Plan Review Required:			Barrier-Free			
[] Building [] Plumbing			Trench			
[] Fire [] Elevator			Temp. Serv.			
[] Elec. Plans Approved			Constr. Serv.			
Date: <u>12/23/05</u>			TCO			
Approved by: <u>[Signature]</u>			Other			
			Service			
			Final			
			Barrier-Free			
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued			
[] CO [] CCO			Final Cut-in-Card Date Issued			
Date: <u>12/23/05</u>			Annual Pool Inspection			
Approved by: <u>[Signature]</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.

Date Received 05-0843
Control # 12/20/05
Date Issued 05-140069
Permit #

Applicant's Signature/Contractor's Seal and Signature

D. TECHNICAL SITE DATA

QTY. SIZE

ITEMS

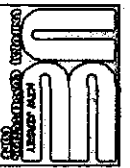
Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors—Fract. HP
Emergency & Exit Lights
Communications Poles
Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

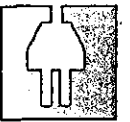
Pool Permit/with UW Lights
Storable Pool/Spa/Hot Tub
KW Elec. Range/Receptacle
KW Oven/Surface Unit
KW Elec. Water Heater
KW Elec. Dryer/Receptacle
KW Dishwasher
HP Garbage Disposal
KW Central A/C Unit
HP/KW Space Heater/Air Handler
KW Baseboard Heat
HP Motors 1/+ HP
KW Transformer/Generator
AMP Service 540 SERVICE
AMP Subpanels
AMP Motor Control Center
KW Elec. Sign/Outline Light

FEE (Office Use Only)

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



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 852 ^{1st} 175th PT 88 Qualification Code _____

Work Site Location _____

Owner in Fee LAURELTON FC LLC

Address _____

Tel (892) 4441

Contractor GENESIS ELECTRIC

Address 1300 MICHIGAN AVE

BEACHWOODS DA

Fel (864) 586 FAX (892) 7112

Contractor License No. 5841

Federal Emp. No. 22346749

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 1700

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	INSPECTIONS
			Type: Failure Failure Approval Initial
[] No Plans Required			Rough _____
Joint Plan Review Required:			Barrier-Free _____
[] Building [] Plumbing			Trench _____
[] Fire [] Elevator			Temp. Serv. _____
[] Elec. Plans Approved			Constr. Serv. _____
Date: <u>12/28/05</u>			TCO _____
Approved by: <u>[Signature]</u>			Other _____
			Service _____
			Final _____
			Barrier-Free _____
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued _____
[] CO [] CCO [] CA			Final Cut-in-Card Date Issued _____
Date: _____			Annual Pool Inspection _____
Approved by: _____			Date of Grounding and Bonding Certification _____

U.C.C. F-120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Change of CONTRACTOR UPDATE

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's Signature/Contractor's Seal and Signature _____

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

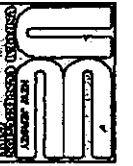
D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel

TOTAL NUMBERS	FEE (Office Use Only)
Pool Permit/with UV 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 1/4 HP	
KW Transformer/Generator	
AMP Service <u>5740 SERVICE</u>	
AMP Subpanels	
AMP Motor Control Center	
KW Elec. Sign/Outline Light	

Administrative Surcharge \$	
Minimum Fee \$	
State Permit Surcharge Fee \$	
TOTAL FEE \$	<u>71</u>

Date Received _____
Control # _____
Date Issued _____
Permit # _____
05-0843+4
12/20/05
005-12/08/06



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 852 Lot 4 Qualification Code _____
Work Site Location 1759 2788

Owner In Fee Khoro's Contracting Co. Inc
Address 2030 1802
315-321 Hawthorne Ave Chicago, IL 60641

Tel (732) 893-4441
Contractor George Concrete Electrical
Address 217 Birminghams Dr
Chesapeake, VA 22031

Tel (732) 286-3883 FAX (732) 286-3883
Contractor License No. 10571
Federal Emp. No. 141601099

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
			Type:	Failure	Failure	Approval	Initial
☒ No Plans Required			Rough				
☐ Building ☐ Plumbing			Barrier-Free				
☐ Fire ☐ Elevator			Trench				
☐ Elec. Plans Approved			Temp. Serv.				
Date: <u>31605</u>			Const. Serv.				
Approved by: <u>MM</u>			TCO				
			Other				
			Service				
			Final				
			Barrier-Free				
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued				
☐ CO ☐ CCO ☐ CA			Final Cut-in-Card Date Issued				
Date: _____			Annual Pool Inspection				
Approved by: _____			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's Signature/Contractor's Seal and Signature _____

Licensed Elec. Contractor ☐ Certifd Landscape Irrigation Contr ☐ Exempt Applicant
D. TECHNICAL SITE DATA
SIZE ITEMS

- 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 UV 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 1/4 HP
- KW Transformer/Generator
- AMP Service
- AMP Subpanels
- AMP Motor Control Center
- KW Elec. Sign/Outline Light

FEE (Office Use Only)

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

Date Received
Control #

Date Issued
Permit #

3/24/05
05-0843



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 852 Lot 1 Qualification Code 1059

Work Site Location 1059 24 88

Owner in Fee James's Contracting Co. Inc

Address 26204 1802

Tel (252) 843-1441

Contractor George's Contracting Co. Inc

Address 2121 Highway 105

Tel (252) 843-1441

Contractor License No. 10591

Federal Emp. No. 14160499

FAX (252) 286-3883

Use Group Present Proposed _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☒ No Plans Required			Type:	Failure	Failure
Joint Plan Review Required:			Rough		
☐ Building ☐ Plumbing			Barrier-Free		
☐ Fire ☐ Elevator			Trench		
☐ Elec. Plans Approved			Temp. Serv.		
Date: <u>3/16/05</u>			Constr. Serv.		
Approved by: <u>AK</u>			TCO		
			Other		
			Service		
			Final		
			Barrier-Free		
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued		
☐ CO ☐ CCO ☐ CA			Final Cut-in-Card Date Issued		
Date: <u>_____</u>			Annual Pool Inspection		
Approved by: <u>_____</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's Signature/Contractor's Seal and Signature

Licensed Elec. Contractor ☐ Certif'd Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

CITY _____ SIZE _____ ITEMS

- 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
- Storage 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
- KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 1759 Rt 88 Brick
Block: 852 Lot: 40
Owner's Name: Sharo's Contracting Co. Inc
Owner's Mailing Address: P.O. Box 1802 - 315 - 321 Hawthorne Ave.
Rt. Pleasant Beach N.J. 08742
Phone: (732) 892-4441

BUILDING

Contractor: Girtain Sign Co.
Address: 1765 Rt 9
Tom's River N.J. 08755
Phone#: 732-349-8499
Lis # _____
Federal Emp # or SSN 223305786

Technical Data

Description of Work:

80 sq. ft
Pyllon sign

Type of Work

☐ New Building ☐ Siding
☐ Addition ☐ Fence
☐ Alteration ☐ Pool
☐ Roofing ☐ Demolition
☐ Asbestos Abatement ☒ Sign 80 sq ft
☐ Fireplace wd/gas

Building Characteristics

Use Group Present: _____ Proposed: _____
No of Stories: _____
Height of Structure: _____
Area of the largest floor: _____
Area of New Structure: _____
Volume of New Structure: _____
Total Land Disturbed: _____
Cost of Alteration: \$ 5,150
Cost of New Building: \$ _____
Cost of Site Work \$ _____
Total Cost of New Building Work: \$ 5,150

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

Signature: H. Johnson
Please Print Name Helen Johnson

ELECTRICAL

Contractor: _____
Address: _____
Phone#: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Item	Quantity
Lighting Fixtures	_____
Receptacles	_____
Switches	_____
Detectors	_____
Light Poles	_____
Motors w/ Fract. HP	_____
Emergency & Exit Lights	_____
Communication Points	_____
Alarm Devices/FAC Panel	_____
Total	_____

Pool (Receptacles, Switches, Lights, Motor 1HP) _____
Spa/Hot Tub/Storable Pool _____
Electric Range _____ KW
Oven/Surface Unit _____ KW
Electric Water Heater _____ KW
Electric Dryer _____ KW
Dishwasher _____ KW
Garbage Disposal _____ HP
A/C Unit -Central Air _____ KW
Space Heater/Air Handler _____ KW
Baseboard Heating _____ KW
Motors 1+ HP _____
Transformer/Generator _____ KW
Light Stander _____ AMP
Service _____ AMP
Subpanel _____ AMP
Motor Control Center _____ AMP
Sign/Outline Light _____ KW
Furnace _____
Steam Boiler _____
Other: _____

Estimated Cost of Electrical Work: _____

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

Signature: _____
Please Print Name _____

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: _____
Address: _____

Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures	Quantity
Water Closets (Toilet) _____	
Urinals/Bidets _____	
Bath Tub (w/or w/out shower head) _____	
Lavatory (BR Sink) _____	
Shower _____	
Floor Drain _____	
Sink _____	
Dishwasher _____	
Drinking Fountain _____	
Washing Machine _____	
Hose Bib _____	
Gas Piping _____	
Fuel Oil Piping _____	
Water Heater _____	
Steam Boiler _____	
Hot Water Boiler _____	
Sewer Pump _____	
Interceptor/Separator _____	
Backflow Preventer _____	
Greasetrap _____	
Air Conditioner (Condensate Drain) _____	
Septic Tank Closure _____	
Sewer Service Connection _____	
Water Service Connection _____	
Active Solar System _____	
Auxiliary Meter _____	
Sprinkler Heads _____	
Sump Pump _____	
Pool Heater _____	
Other: _____	

Estimated Cost of Plumbing Work _____

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

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

FIRE

Contractor: _____
Address: _____

Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

Heating Type: _____ Gas _____ Oil _____ Electric _____ Solar _____
Heating System is _____ New _____ Existing _____
Location of Furnace/Boiler: _____
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Flammable Storage Tanks _____ capacity _____ fuel _____
Combustible Storage Tanks _____ capacity _____ fuel _____
LPG Storage Tanks _____ capacity _____ fuel _____

Item	Quantity
Wet Sprinkler Heads _____	
Dry Sprinkler Heads _____	
Total _____	

Smoke Detectors _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:
CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other: _____

Estimated Cost of Fire Work _____

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

Signature: _____

Print Name: _____

**Township of Brick
Zoning Permit**

Approved: Friday, March 11, 2005 **Number:** 227

Block 852 **Lot** 4 **Zone:** B-3

Property Address: 1759 Route 88 West, Laurelton Plaza

Applicant: Helen Johnson, Girtain Sign Co.

Property Owner: Pharo's Contracting Co.

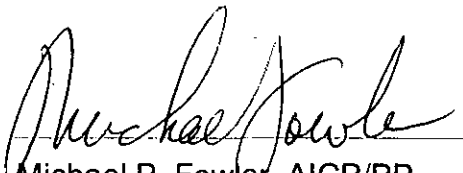
Existing Use: Laurelton Plaza, Office, Restaurant, Under Construction

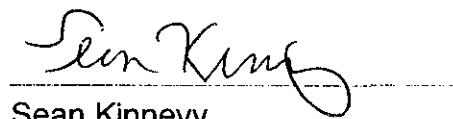
Proposed Use: Laurelton Plaza, Meridian Offices, IHOP

Proposed Construction: Sign 80 square feet, 20' high. "Meridian" "IHOP"

Conditions: Minor Site Plan with variance approved by Planning Board, R-8-04, dated 8/28/04.
The sign must be set back at least 10 feet from the property line at Route 88 West. The sign must not be located in the sight triangle.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.


Michael P. Fowler, AICP/PP
Principal Planner


Sean Kinnevy
Zoning Officer

MAR 10 2005

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

Laurelton Plaza

BLOCK 852 LOT 4 QUALIFIER _____

PROPERTY ADDRESS 1759 Rt. 88 Brick 08724

PERSONAL NAME OF APPLICANT Helen Johnson

BUSINESS NAME OF APPLICANT Certain Sign Co

MAILING ADDRESS OF APPLICANT 1765 Rt 9 Toms River NJ 08755

PROPERTY OWNER'S FULL NAME Thoro's Contracting Co.

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling

☒ Commercial (please describe) Laurelton Plaza

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling

☒ Commercial (please describe) Top Meridian St

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height _____

☐ Addition - Height _____

☐ Alteration _____

☐ Porch or deck - Height _____

☐ Shed - Height _____

☐ Fence - Type _____ Height _____

☐ Swimming Pool ☐ in-ground ☐ above-ground

☒ Other (please describe) 30 sq ft Tylon Sign 20' High

CHECKLIST

☐ All information completed above

☐ Two (2) copies of a 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.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT Helen Johnson Date 2-24-2005

Reviewed by Zoning Office [Signature] Date 3/11/05 Approved () Denied

March 2003

COMMERCIAL

3/10/05