BLOCK 852 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) 1759 Route 88 PERMIT NO. 05-4217

CONSTRUCTION PERMIT APPLICATION

05-15842

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

I. IDENTIFICATION

1. Proposed Work Site at: I-Hop Restaurant
2. Name of Owner in Fee: Pharos Contracting Co. Tel. (732) 892-4441
   Address P.O. Box 1802 (street) 315-321 Hawthorne Ave. (municipality) Pt Pleasant Bch (zip code) 08742
3. Ownership in fee: Public _____ Private X
4. Principal Contractor: Girtain Sign Co. LLC Tel. (732) 349-8499
   Address 1765 Lakewood Rd, 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 _____
   Tel. (___) _____ FAX: (___) _____

Sign

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	72 48	
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review		5	
8.	Subtotal	$		
9.	State Permit Fee Surcharge			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other ZV		30	
13.	TOTAL	$	147-	

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

II. PROPOSED WORK

OPTIONAL (for office use only)

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☒ Minor Work	3500	[illegible]	9/22/05						
2.	☐ New Building									
3.	☐ Addition									
4.	☐ a. Repair									
	☒ b. Alteration SIGN					10/19/05	[illegible]	11/6/05		
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☒ Electrical	300				10/20/05	JM	12/15/05		
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		Ewr	10/6/05		10/6/05	M			
	TOTAL COSTS	3800								

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:
   Before Construction _____
   After Construction _____
   Net Gain or Loss _____

B. NON-RESIDENTIAL
1. State Specific Use: Retail/Office/Medical
2. Use Group: Restaurant
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 10327039

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. 5:32-2.15(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 GIRTAIN SIGN CO, LLC.

Address 1765 LAKEWOOD RD.
TOMS RIVER N.J. 08755

Telephone (732) 349-8499

Signature Stephen Edgar

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			
Building	_____	Energy	_____	Other	_____
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. _____	_____	_____	_____	_____

IMPORTANT
A.H.B.T. - EXEMPT

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

☒ Zoning Application deemed complete Initialed: KET Date: 9/22/05

☐ Zoning Application approved Initialed: _____ Date: _____

☐ Zoning permit updates:

_____

_____

_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	11/08/2006
Tracking Number	C-05-138442
Permit Number	05-4217
Permit Issue Date	10/20/2005

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: LAURELTON PLAZA OFFICES, LLC

Owner Address: PO BOX 1802 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: 22-3305786

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 INSTALL ILLUMINATED STORE FRONT SIGNS TO BUILDING FACADE -ONE FRONT AND ONE SIDE 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

Fee: $0.00
Check Number: 1253
Collected By: Mary Jane Rinaldi

Date Printed: 11/08/2006

CONSTRUCTION PERMIT

Date Issued 10/20/2005
Control # C-05-138442
Permit # 05-4217

IDENTIFICATION Block: 852 Lot: 4 Qualifier

Work Site Location: 1759 ROUTE 88 Brick Township, NJ

Owner in Fee: LAURELTON PLAZA OFFICES, LLC
Address: PO BOX 1802 HAWTHORNE AVENUE PT PLEASANT BEACH NJ 08742
Telephone: (732) 892-4441

Contractor: GIRTAIN SIGN CO.
Address: 1765 RT 9 TOMS RIVER NJ 08753-
Telephone:
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3305786

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 INSTALL ILLUMINATED STORE FRONT SIGNS TO BUILDING FACADE -ONE FRONT AND ONE SIDE SIGN

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $3,800

Construction Official

10/20/2005
Date

PAYMENTS (Office Use Only)

Building	$72
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$5
CO Fee	
Other	$30
Total	$147
Check No.	1253
Cash	$0
Credit	$0
Collected By	Mary Jane Rinaldi

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

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [ ] Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

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

- [ ] A complete copy of released plans must be kept on the job site.

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

BUILDING SUBCODE
TECHNICAL SECTION

Control # 05-7911

Date Issued 10-20-05
Permit #

COMMERCIAL

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 "1170" Restaurant
1759 HIGHWAY 88 BRICK NJ 08724

Owner in Fee PITAROS CONTRACTING

Address PO BOX 1802 315-321 Hawthorne Ave
POINT PLEASANT BEACH, N.J. 08742

Tel. (732) 892-4441

Contractor GIRTAIN SIGN CO, LLC

Address 1765 LAKEWOOD ROAD
TOMS RIVER, NJ. 08755

Tel. (732) 349-8499 FAX (732) 505-3673

Contractor License No. or Builder Registration No.

Federal Emp. No

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 INSTALL ILLUMINATED STORE FRONT SIGNS TO BUILDING FACADE
ONE FRONT SIGN AND
ONE SIDE SIGN

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	10/19/05	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 11-6-06
Approved by:

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			10/31/06	
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[X] Sign 72 Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class 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.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 3500.00
3. Total (1+ 2) $ 3500.00

U.C.C. F110 (rev. 07/03)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 05-4211

Date Issued 10-20-05
Permit #

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

Block 832 Lot 4 Qualification Code

Work Site Location "IHOP" RESTAURANT
1759 ROUTE 88 BRICK N.J. 08724

Owner in Fee PHAROS CONTRACTING

Address P.O. BOX 1802 315-321 Hawthorne Ave.
POINT PLEASANT BEACH, NJ 08742

Tel (732) 892-4441

Contractor E. PROVINE ELECTRIC CO.

Address 237 N. 21st. St.
KENILWORTH N.J. 07033

Tel (973) 522-0444 FAX (973) 522-0494

Contractor License No. 8328

Federal Emp. No. 22 377 2601

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 300.

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	COMMERCIAL
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
2	3.0	KW Elec. Sign/Outline Light	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[X] No Plans Required		
Joint Plan Review Required:		
[ ] Building [ ] Plumbing		
[ ] Fire [ ] Elevator		
[X] Elec. Plans Approved		
Date: 10/20/05		
Approved by:		

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 12/07/05

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12/5/05	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

Township of Brick
Zoning Permit

Approved: Wednesday, October 05, 2005 **Number:** 1465

Block 852 **Lot** 4 **Zone:** B-3, Highway Dev.

Property Address: 1759 Route 88

Applicant: Stephen Edgerly; Girtain Sign Company, LLC

Property Owner Laurelton Plaza Offices, LLC

Existing Use: Offices/Restaurant.

Proposed Use: Offices/Restaurant.

Proposed Construction: Two (2) wall signs: (1) 42.5"x100.75", "IHOP Restaurant"; (2) 18"x 185.5", IHOP Restaurant".

Conditions: An additional zoning permit is required for any additional sign or banner.

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

SEP 23 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.

BLOCK 852 LOT 4 QUALIFIER

PROPERTY ADDRESS 1759 Route 88, Brick, N.J. 08724

PERSONAL NAME OF APPLICANT STEPHEN EDGERLY

BUSINESS NAME OF APPLICANT GIRTAIN SIGN CO, LLC

MAILING ADDRESS OF APPLICANT 1765 LAKEWOOD RD, TOMSRIVER 08755

PROPERTY OWNER'S FULL NAME PHAROS CONTRACTING

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) RETAIL / MEDICAL

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) MEDICAL / OFFICE / RESTAURANT I Hop Restaurant

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) BUILDING SIGNS (2)

COMMERCIAL

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 Stephen Edgerly Date 9/21/05

Reviewed by Zoning Office Date 9/22/05 (✓) Approved ( ) Denied

9/22/05

March 2003

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Engineering
Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.twp.brick.nj.us

Date:_____

Block: 852 Lot: 4

Property Address: 1759 Rt 88

I,_____ of _____
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

_____
Applicant's Signature

COMMERCIAL

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: 10/6/05 Signed: _____

Rejected on:_____ Signed:_____

Comments:

Quote # 2850

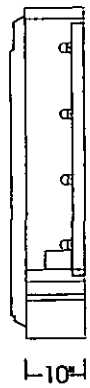
HILTON DISPLAYS
125 Hillside Dr
Greenville, SC
29607
(864) 233-0401
FAX:
(864) 242-2204

W-35

QUANTITY: 1

B

A C



Sign	A	B	C	Sq. Ft.
D-05	42 1/2"	100 3/4"	18"	31.56

Square footage does not include projections of restaurant ribbon.

Cabinet:
Painted to match
IHOP Blue Dupont
Imron N5692H

Faces:
Pan formed and
embossed Clear lexan
with back sprayed décor.

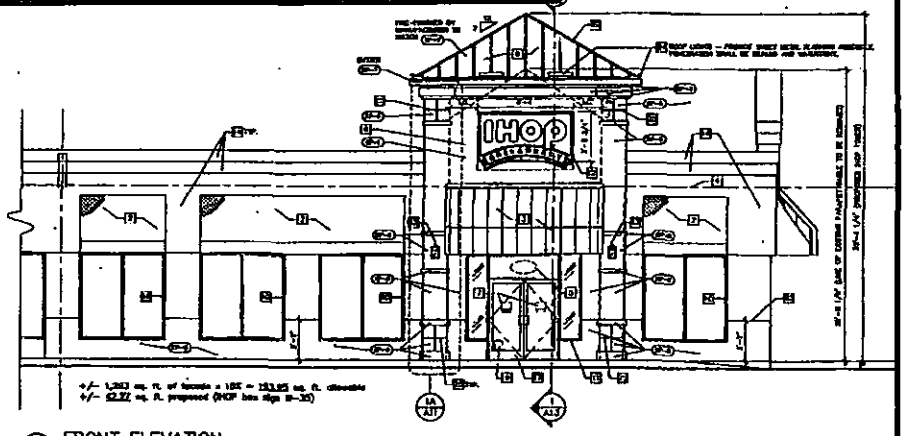
Background:
Ihop Blue 3M 3630-167

IHOP:
Copy sprayed white
Dark Blue drop
3M 7725-37

Banner:
Copy & Border
sprayed white
Red 3M 3630-33

Mounting Method:
Use most appropriate method upon wall inspection
- Toggle bolts w/ hollow core plywood backing
- Epscon screen threaded rods w/ solid concrete
- Thru bolts w/ wood blocking

CENTER SIGN VERTICALLY & HORZONTALLY IN GIVEN AREA



1 FRONT ELEVATION

OFFICE COPY

* SALES PERSON TO INDICATE LOCATION OF SIGN

THE INTENT OF THIS DRAWING IS TO SHOW A CONCEPTUAL REPRESENTATION OF THE PROPOSED SIGNAGE.

JOB INFO			DESIGN SPECIFICATIONS ACCEPTED BY:	
JOB NAME: IHOP		DATE: 6-7-05		
LOCATION: 1759 STATE HWY. 88, BRICK, NJ		REV. DATE:	EST:	CLIENT:
CUSTOMER CONTACT: LOUIS MASCHI		REV. DATE:		
SALESMAN: GRUBBS-GARRON		SCALE: 3/8" = 1'	SALES:	LANDLORD:
DESIGNER: LARRY WALDO	FILE: 2005/IHOP/BRICKNJ/QUOTE 2850/W-35			

Brick Township

	Class	Date	By
Plan Review			
Zoning	2 wall signs	10/19/05	
Plumbing			
Building		10/19/05	
Fire			
Electrical			

Quote #.2850...

HILTON DISPLAYS
125 Nilrido Dr.
Greenville, SC
29607
(864) 233-0403
FAX:
(864) 232-2304
"Building Partnerships through Signage Solutions"

QUANTITY: 1

68 1/4" | 117 1/4"

18" [IHOP RESTAURANT

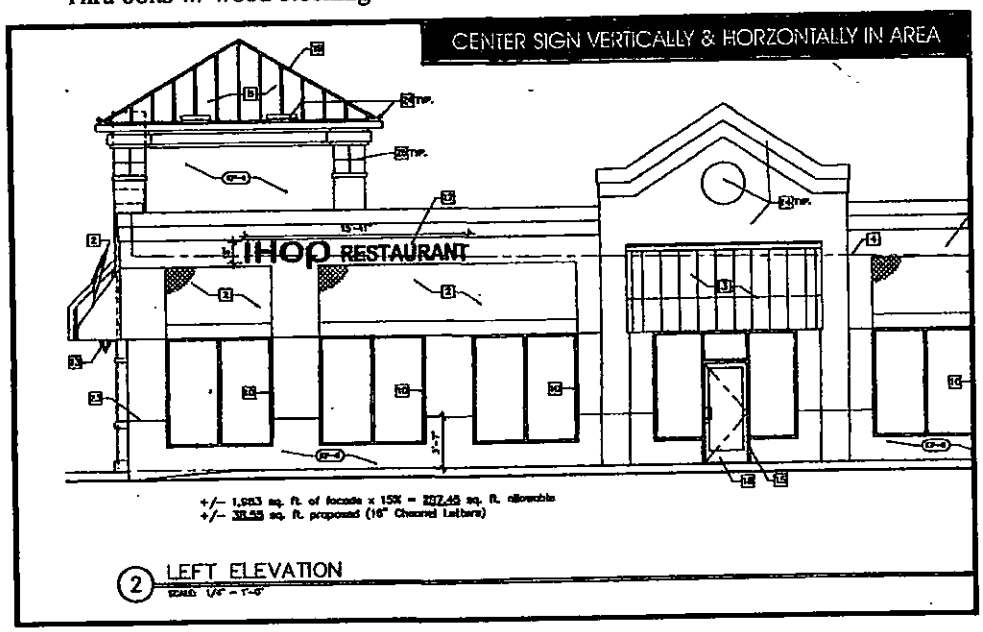
Self Contained Channel Letters

Faces:
Red acrylic 2793

Trim Cap:
1" Red Jewelite

Returns:
Fabricated aluminum,
5" deep painted TM 2793

Mounting Method:
Use most appropriate method upon wall inspection
* Toggle bolts w/ hollow core plywood backing
* Epscon screen threaded rods w/ solid concrete
* Thru bolts w/ wood blocking



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SALESMAN: GRUBBS-GARRON		SCALE: 1/4" = 1'		
DESIGNER: LARRY WALDO	FILE: 2005/IHOP/BRICKNJ/QUOTE 2850/18CHANLET RED			

Brick Township

Plan Review	Class	Date	By
Zoning	2 wall signs	10/19/05	MC
Plumbing			
Building		10/19/05	
Fire			
Electrical			