BLOCK 852 LOT 14 QUALIFICATION CODE _____ ADDRESS (SITE) 1759 Rt 88 Brick Township NJ. 08724 PERMIT NO. 06-1991

called in 6/14/06 JC

CONSTRUCTION PERMIT APPLICATION

C06.101618

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

I. IDENTIFICATION

1. Proposed Work Site at: 1759 Rt. 88 Suite 2+3 Brick NJ. 08724
2. Name of Owner in Fee: GMAC Real Estate Tel. (___) _____
   Address 500 Enterprise Dr. Horsham PA 19044 (street / municipality / zip code)
3. Ownership in fee: Public X Private _____
4. Principal Contractor: Sign A Rama Tel. (732) 914-1150
   Address 1333 Lakewood Rd. Toms River NJ. 08755
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 050-584-427-000
5. Architect or Engineer _____ Tel. (___) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Julio Sotolongo
   _____ FAX: _____

Sign

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	1	
2.	Electrical		120	
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$	7	
7.	Less 20% for State Plan Review		6	
8.	Subtotal	$		
9.	State Permit Fee Surcharge			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other ZA		30	
13.	TOTAL	$	129	

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	

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 Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ a. Repair									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☒ Electrical					6/14/06	mw	6/27/06		
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		GM	6/5/06		6/5/06	M			
	TOTAL COSTS									

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:
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

IMPORTANT
A.H.B.T. - EXEMPT

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials
5-11-6	LETTER OF ZONING DENIAL ISSUED	JC
5-17-6	LETTER OF ZONING DENIAL ISSUED	JC, ZO

☒ Zoning Application deemed complete Initialed: JRT Date: 5/4/06

☐ Zoning Application approved Initialed: _____ Date: _____

☐ Zoning permit updates:

_____

_____

_____

ANY BUILDING QUESTIONS
CALL 732-262-1027

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.

(✓) Check if contractor.

Agent Name Sign A RAMA (JULIO SOTOLONGO)

Address 1333 LAKEWOOD RD. TOMS RIVER NJ. 08755

Telephone (732) 914-1150

Signature _____

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/16/2009
Control Number C-06-101618
Permit Number 06-1991
Permit Issue Date 06/16/2006
Certificate Number 06-1991

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1759 ROUTE 88 SUITE 2 & 3 , NJ Block: 852 Lot: 4 Qual:

Owner in Fee: LAURELTON PLAZA OFFICES, LLC

Owner Address: 500 ENTERPRISE DRIVE HORSHAM PA 19044

Telephone:

Contractor SIGN A RAMA

Address 1333 LAKEWOOD ROAD TOMS RIVER NJ 08755

Telephone: (732) 914-1150 Fax: (732) 914-1152

License Number or Builders Registration Number: Federal Emp. Number: 050-584-427

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

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:
Collected By:

Date Printed: 12/16/2009 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 6/16/2006
Control # C-06-101618
Permit # 06-1991

IDENTIFICATION Block: 852 Lot: 4 Qualifier

Work Site Location: 1759 ROUTE 88 SUITE 2 & 3 , NJ

Owner in Fee LAURELTON PLAZA OFFICES, LLC
Address 500 ENTERPRISE DRIVE HORSHAM PA 19044

Telephone:

Contractor SIGN A RAMA
Address 1333 LAKEWOOD ROAD TOMS RIVER NJ 08755

Telephone: (732) 914-1150
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 050-584-427

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

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 $6,200

Construction Official

6/16/2006
Date

PAYMENTS (Office Use Only)

Building	$51
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$8
CO Fee	
Other	$30
Total	$129
Check No.	0510
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

Date Received Control # 06-1991

Date Issued Permit # 6-16-06

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

Block 852 Lot 14 Qualification Code _____

Work Site Location 1759 Rt 88 BRICK NJ. 08724

Owner in Fee GMAC Corporate (contact CAthy Petite

Address 500 ENTERPRISE DR. Horsham P.A. 19044

Tel. (215) 682-8146

Contractor Sign A RAMA

Address 1333 LAKEWOOD RD.

TOMS RIVER NJ. 08755

Tel. (732) 914-1150 FAX (732) 914-1152

Contractor License No. or Builder Registration No. [redacted]

Federal Emp. No 050-584-427-000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	6-16-06	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12/15/09
Approved by: [signature]

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			12-11-09	JU
Barrier-Free				

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 $ _____
3. Total (1+ 2) $ 6000.00

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 [signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Design, production, & Installation of Illuminated wall sign. 51 SQ FT. TOTAL

CONTRACTOR COPY

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [X] Sign 51 Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

$ _____

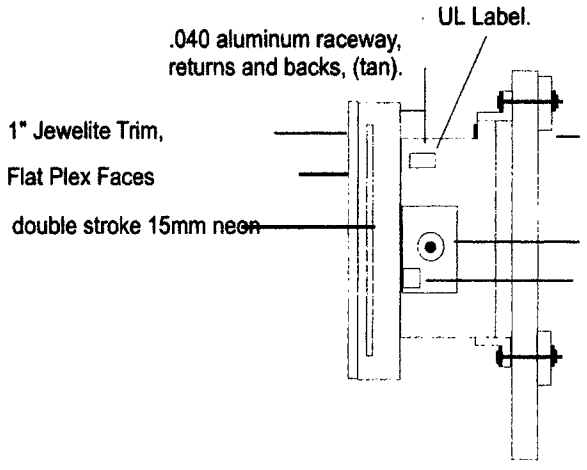
Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

73.85 in
82 in
28.5 in
129.8 in
264 in
77.54 in
GMAC
Real Estate
36 in



Mounting hardware: alumninum mounting range, 3/8" THREADED Rods, 3/8" Threaded Nuts, Aluminum Washers Thru-bolted With Solid blocking mounted every 5 ft.

Primary connection.

20 amp Shut off swith mounted on raceway.

30 M.A. Normal Power Factor Transformers (ground Fault Protected And 2161 U.L. Approved.)

28.5" - 24" Channel letters on raceway.
Double stroke Neon. 36x78" lightbox with graphics
UL listed.

SIGN★A★RAMA
WHERE THE WORLD GOES FOR SIGNS
Toms River, N.J. 08755 732.914.1150 (Fax) 732.914.1152

6-6-06 FY

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received Control # 06-1991

Date Issued Permit # 6-16-06

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

Block 252 Lot 14 Qualification Code

Work Site Location 1759 Rt 88 Brick NJ

Owner in Fee GMAC Corp. - Contact Cathy Petite

Address 500 Enterprise Dr. Horsham PA 19044

Tel

Contractor Kelly Kilowatt Electric Co. Inc.

Address PO Box 886 Lakewood NJ 08701

Tel (732) 367-3030 FAX (732) 363-3878

Contractor License No. 5918

Federal Emp. No. 22-2235701

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Comm. Utility Co. JCP&L

Est. Cost of Elec. Work $ 200.00

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.

Edward P Kelly

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
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
1	1.2	KW Elec. Sign/Outline Light

FEE (Office Use Only)

COMMERCIAL

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 6/4/06

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 6/29/06

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			6/27/06	
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

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

Department of Engineering
Office of the Municipal Engineer
(732) 262-1040
Fax: (732) 262-8954
http://www.twp.brick.nj.us

Date: _____

PLOT PLAN EXEMPT FORM

Block: 852 Lot: 14

Property Address: 1759 Rt 88 BRICK NJ

I, JULIO Sotolongo (name) of SIGN A RAMP 1333 LAKEWOOD RD. TOMS RIVER 08755 (address)
request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

_____
Applicant's Signature

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: 6/5/06 Signed: _____

Rejected on: _____ Signed: _____

Comments:

COMMERCIAL

Township of Brick
Zoning Permit

Approved: Wednesday, May 31, 2006 **Number:** 672

Block 852 **Lot** 14 **Zone:** B-3, Highway Dev.

Property Address: 1759 Route 88

Applicant: Julio Sotolongo; Sign-A-Rama

Property Owner Donner & Paslawsky Commercial Realty

Existing Use: Vacant office Units No. 2 & 3.

Proposed Use: GMAC Gloria Nilson Real Estate

Proposed Construction: Wall sign 28.5" x 17', "Gloria Nilson GMAC Real Estate".

Conditions:
The total sign area may not exceed 15% of the total façade area.
The street address number must be displayed on the pylon sign

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

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

MAY 23 2006

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

BLOCK 852 LOT 14 QUALIFIER ____

PROPERTY ADDRESS 1759 Rt 88 Brick NJ. 08724 Suite 2&3

PERSONAL NAME OF APPLICANT Julio Sotdorigo

BUSINESS NAME OF APPLICANT Sign A Rama

MAILING ADDRESS OF APPLICANT 1333 Lakewood Rd. Rt. 9 Toms River NJ. 08755

PROPERTY OWNER'S FULL NAME DONNer + Paslawsky Commercial Realty

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☑ Commercial (please describe) Vacant Office Space

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) GMAC Gloria Nilson Real Estate

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) Sign

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 [signature] Date 5/23/06

Reviewed by Zoning Office [signature] Date 5/31/06 (X) Approved ( ) Denied

5/23/06

March 2003----------

TOWNSHIP OF BRICK

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

Department of Administration & Finance
Division of Land Use and Planning
Sean Kinnevy
Zoning Officer
(732) 262-1041
skinn@twp.brick.nj.us

Kate MacDonald
Asst. Zoning Officer
(732) 262-1043
Fax: (732) 262-8954
kmacdon@twp.brick.nj.us
http://www.twp.brick.nj.us

May 17, 2006

Cathy Petite
GMAC Real Estate
500 Enterprise Drive
Horsham, PA 19044

Re: Block: 852 Lot: 14
1759 Route 88, Suites 2 and 3

Dear Ms Petite,

Your application for a zoning permit for a sign on the referenced property cannot be approved because it is incomplete.

- The application must be completely and accurately filled out. The existing use of the unit must be stated on the application.

Please amend your application and submit the required information to LisaRose Tavalaiccio, Zoning Permit Clerk. Ms Tavalaiccio can be reached at 732-262-1046 for further information. We will then be able to review your application.

Very Truly Yours,

Kate MacDonald
Assistant Zoning Officer

C: Scott R. MacFadden, Business Administrator
Michael P. Fowler, Principal Planner

5/23/06 - Received - KM

TOWNSHIP OF BRICK

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

Department of Administration & Finance
Division of Land Use and Planning
Sean Kinnevy
Zoning Officer
(732) 262-1041
skinn@twp.brick.nj.us

Kate MacDonald
Asst. Zoning Officer
(732) 262-1043
Fax: (732) 262-8954
kmacdon@twp.brick.nj.us
http://www.twp.brick.nj.us

May 11, 2006

Cathy Petite
GMAC Real Estate
500 Enterprise Drive
Horsham, PA 19044

Re: Block: 852 Lot: 14
1759 Route 88, Suites 2 and 3

Dear Ms Petite,

Your application for a zoning permit for a sign on the referenced property cannot be approved because it is incomplete.

- The application must be completely and accurately filled out. The existing and proposed use of the unit must be stated on the application.

Please amend your application and submit the required information to LisaRose Tavalaiccio, Zoning Permit Clerk. Ms Tavalaiccio can be reached at 732-262-1046 for further information. We will then be able to review your application.

Very Truly Yours,

Kate MacDonald

Kate MacDonald
Assistant Zoning Officer

C: Scott R. MacFadden, Business Administrator
Michael P. Fowler, Principal Planner

5/16/06- Resident- Kt

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

MAY 10 2006 MAY 17 2006

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

BLOCK 852 LOT 14 QUALIFIER

PROPERTY ADDRESS 1759 Rt. 88 BRICK NJ. 08724 Suite 2+3

PERSONAL NAME OF APPLICANT Cathy Petite

BUSINESS NAME OF APPLICANT GMAC Real Estate.

MAILING ADDRESS OF APPLICANT 500 ENTERPRISE DR. Horsham PA. 19044

PROPERTY OWNER'S FULL NAME Donner + Paslawsky Commercial Realty

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) vacant office space. 4

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) GMAC Gloria Nilson Real Estate

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) sign

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 Cathy Petite Date 5/2/2006

Reviewed by Zoning Office SC Date 5/11/06 ( ) Approved (X) Denied

SC 5/17/6

5/4/06

March 2003

BUILDING SUBCODE
TECHNICAL SECTION

Date Received ____
Control # ____
Date Issued ____
Permit # ____

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

Block ____ Lot ____ Qualification Code ____

Work Site Location ____

Owner in Fee ____

Address ____ ENTErPRISE Dr. Horsham PA. 19044

Tel. ( ) ____

Contractor ____

Address ____

Tel. ( ) ____ FAX ( ) ____

Contractor License No. or Builder Registration No. ____

Federal Emp. No ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: ____

Approved by: ____

INSPECTIONS 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				

Dates (Month/Day)

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 $ ____
3. Total (1+ 2) $ ____

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

TYPE OF WORK:

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee _____

Address ENTERPRISE DR. Horsham P.A 19044

Tel. (_____) _____

Contractor _____

Address _____

Tel. (_____) _____ FAX (_____) _____

Contractor License No. or Builder Registration No. _____

Federal Emp. No _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
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				
Barrier-Free				

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 $_____
3. Total (1+ 2) $_____

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_____
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received Control # 06-1991

Date Issued Permit # 6-16-06

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

Block 252 Lot 14 Qualification Code

Work Site Location 1759 Rt 88 Brick NJ

Owner in Fee OMAC Corp. - Contact Cathy Pofite

Address 500 Enterprise Dr Horsham PA 19044

Tel (215) 682-8146

Contractor Kelly Kilowatt Electric Co. Inc

Address POB 1286

Lakewood NJ 08701

Tel (732) 367-3030 FAX (732) 363-3878

Contractor License No. 5918

Federal Emp. No. 22-2235701

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Comm Utility Co. JCP&L

Est. Cost of Elec. Work $ 200.00

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.

Edward P Kelly

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	
		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	
1	1.2	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

[ ] Elec. Plans Approved

Date: 6/14/06

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received Control # 06-1991

Date Issued Permit # 6-16-06

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Contractor License No. 5918

Federal Emp. No. 22-2235701

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

Building Occupied as Comm. Utility Co. JCP&L

Est. Cost of Elec. Work $ 200.00

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		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
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		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	
1	12	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

[ ] Elec. Plans Approved

Date: 6/14/06

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS

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

Temp. Cut-in-Card Date Issued

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Annual Pool Inspection

Date of Grounding and Bonding Certification