BLOCK 547 LOT 6 QUALIFICATION CODE _____ ADDRESS (SITE) 451 BRICK BLVD PERMIT NO. 07-3496

CONSTRUCTION PERMIT APPLICATION

C07-904680

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

I. IDENTIFICATION

1. Proposed Work Site at: 451 BRICK BLVD 451
2. Name of Owner in Fee: 6 AVE ELECTRONICS INC.
   Tel. (516) 410 9066 e-mail
   Address 22 RT 22 WEST (street) SPRINGFIELD NJ (municipality) 07081 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: 6 AVE ELECTRONICS Tel. (516) 4109066
   Address 22 RT 22 WE. SPRINGFIELD e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer YAU HONG CHEUNG Contact _____
   Address 456 MORRIS AVE e-mail _____
   Tel. (973) 467 1710 FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun FRANK MORAN
   Tel. (516) 410 9066 FAX: ( ) _____

called 11/7/07 Call #

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 120 ~~240~~	✓	
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$ 10		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other ZA	30		
13. TOTAL	$ 200		

VI. BUILDING/SITE CHARACTERISTICS

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 _____

(office use only) COMMERCIAL

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		MK	9/19/07		11-2-07	FM	11-15-07		
☑ Electrical					10/24/07	INC			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Gm	10/26/07		10/26/07				
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
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 *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

C. MIXED USE -List secondary use(s):

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

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.ix:

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

( ) Check if contractor

Agent Name FRANK MORAN

Address 1290 LAKESHORE DR
MASSAPEQUA PK N.Y 11762

Telephone (516) 410 9066

Signature Frank Moran

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

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials
9-21-7	LETTER OF ZONING DENIAL ISSUED	SK/JS
10-4-7	LETTER OF ZONING DENIAL ISSUED	SK/JS
10-167	LETTER OF ZONING DENIAL ISSUED	SK/JS

☒ Zoning Application deemed complete Initialed: DLB Date: 10/16/6

☐ Zoning Application approved Initialed: _____ Date: _____

☐ Zoning permit updates:

_____

_____

_____

IMPORTANT
A.H.B.T. - EXEMPT

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 01/14/2010
Control Number C-07-004680
Permit Number 07-3496
Permit Issue Date 11/09/2007
Certificate Number 07-3496

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 451 BRICK BLVD. , NJ Block: 547 Lot: 6 Qual:

Owner in Fee: BMT HOLDINGS-BRICK LLC

Owner Address: 451 BRICK BLVD. NJ

Telephone:

Contractor FRANK MORAN

Address 1290 LAKESHORE DRIVE MASSAPEQUA NY 11701

Telephone: (516) 410-9066 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 BUILDING SIGN ONLY AT THIS TIME(COMMERCIAL)

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: 01/14/2010 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 11/9/2007
Control # C-07-004680
Permit # 07-3496

IDENTIFICATION Block: 547 Lot: 6 Qualifier
Work Site Location: 451 BRICK BLVD. , NJ
Contractor FRANK MORAN
Address 1290 LAKESHORE DRIVE MASSAPEQUA NY 11701
Owner in Fee BMT HOLDINGS-BRICK LLC
451 BRICK BLVD. NJ
Telephone: (516) 410-9066
Lic. No. or Bldrs. Reg. No.
Telephone:
Federal Employee. No.

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [ ] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [x] ELECTRICAL
- [ ] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:

SIGN INSTALLATION BUILDING SIGN ONLY AT THIS TIME(COMMERCIAL)

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 $7,500

Construction Official Date

PAYMENTS (Office Use Only)

Building	$122
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$10
CO Fee	
Other	$30
Total	$202
Check No.	2306
Cash	$0
Credit	$0
Collected By	Inspection Account

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.

~~Borough of Ridgefield~~
~~515 Church Street~~
~~Ridgefield, New Jersey 07657~~
~~(201) 943-5546~~

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

07-3496
11-9-07

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

Block 547 Lot ~~F~~ 6
Work Site Location 451 BRICK BLVD
Owner in Fee/Occupant 6 AVE ELECTRONICS INC
Address 22 & 22 W. SPRINGFIELD NJ 07081
Tele. (516) 410 9066
Contractor HYPE-TEK ELECTRICAL CONTRS INC.
Address 247 EAGLE Ave
NEW MILFORD NJ. 07646
Tele. (201) 599-9515 Fax (201) 599-9518
Lic. No. 12470
Federal Emp. No. 223719983

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 1500

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: 10-24-07		
Approved by:		

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.	SEE ATTACH			
Constr. Serv.	11-2			
TCO				
Other				
Service				
Final			11-30-07	FM
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 1-14-10
Approved by: AS

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

[X] Licensed Electrical Contractor [ ] 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	
2		KW Elec. Sign/Outline Light	
		.....	
		.....	

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

U.C.C. F120
(rev. 3/96)

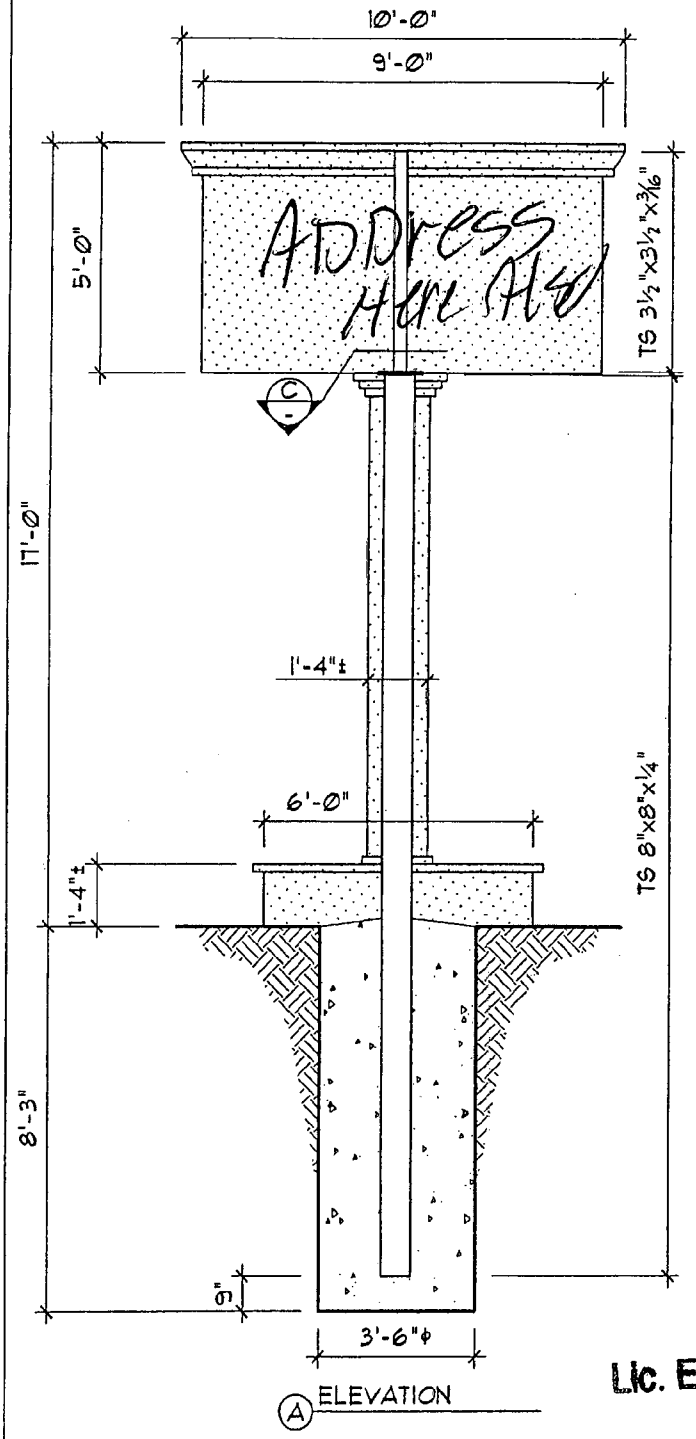
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

STRUCTURAL TECHNOLOGY CONSULTANTS INC.

7827 CONVOY COURT, SUITE 406, SAN DIEGO, CA 92111 PHONE (858) 278-2400 FAX (858) 278-2424

PROJECT: 6TH AVE. ELECTRONICS, 451 BRICK BLVD., BRICK TOWN, NJ
PROJ. NO.: 1416-02 DESIGNER: VH
CLIENT: LINCOLN SIGNS & AWNINGS

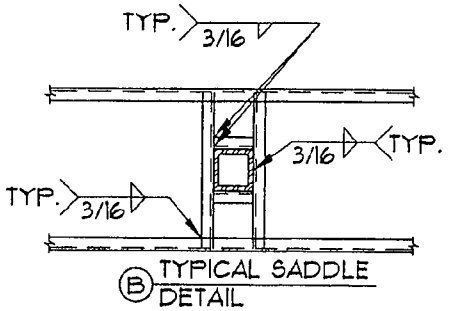
SHEET: 1 OF 5
DATE: 10-31-07



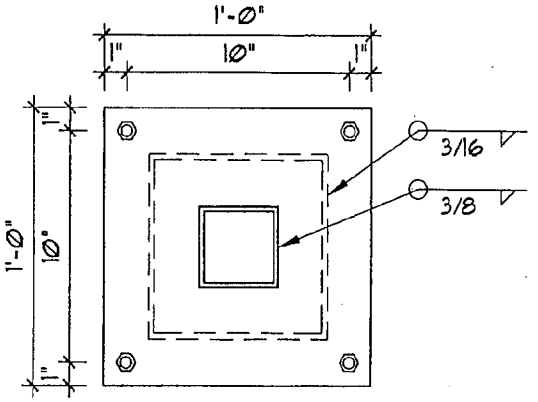
A ELEVATION

GENERAL NOTES FOR POLES AND FOOTING:

1. CONCRETE f'c=2500 PSI. SPECIAL INSPECTION NOT REQUIRED.
2. TUBE STEEL ASTM A500 GRADE B.
3. ROLLED STEEL ASTM A36.
4. SIGN CABINETRY SHALL BE FABRICATED IN THE SHOP OF AN APPROVED FABRICATOR.
5. SOIL PASSIVE PRESSURE BASED ON 2006 IBC TABLE 1804.2 CLASS 5. SPECIAL INSPECTION NOT REQUIRED.
6. SITE IS NOT SUBJECTED TO WIND SPEED-UP EFFECT ($K_{zt} \leq 1.0$) AS DEFINED IN SECTION 6.5.7.2 OF ASCE 7-05. CONTACT ENGINEER OF RECORD IF SUCH EFFECTS ARE PRESENT.
7. PROVIDE SLOPE AWAY FROM BASE OF POLE.



B TYPICAL SADDLE DETAIL



MATCHING PL'S
(2)-¾"x12"x1'-0"
W/ (4)-½"ϕ M.B.

C CAP PLATE DETAIL

Lic. Exp. APR 30 2008

11-2-07

NOV 01 2007

STRUCTURAL TECHNOLOGY CONSULTANTS INC.
7827 CONVOY COURT, SUITE 406, SAN DIEGO, CA 92111 PHONE (858) 278-2400 FAX (858) 278-2424

PROJECT: 6TH AVE. ELECTRONICS, 451 BRICK BLVD., BRICK TOWN, NJ SHEET: 2 OF 5
PROJ. NO.: 1416-02 DESIGNER: VH DATE: 10-31-07
CLIENT: LINCOLN SIGNS & AWNINGS

DESIGN CODE- IBC 2006
units; pounds, feet u.n.o.

WIND (wind governs design)

Basic Wind Speed: 115
Exposure C

Design Wind Pressures (psf)
Heights: 15 48.65
20 51.51

Area	Force	Arm	Moment
8.0	388	0.7	258
14.2	690	6.7	4602
30.0	1460	13.5	19704
20.0	1030	16.0	16485
72.2	3569		41049

Footing Design

(IBC Table 1804.2 & note d, & Sec. 1804.3.1)

Footing Type: round
Soil Pressure: 267 b= 3.50

S1 = S x d / 3 S1= 732
A = 2.34 x P / (S1 x b) A= 3.26
d =0.5xA (1+ (1+4.36x h/A) ^.5)= 8.23
Formula Per IBC Section 1805.7.2.1

Footing size: 3'-6'' DIA. x 8'-3'' Depth

Column Design

Tube Steel - ASTM A500 GRADE B
S = Moment x 12 / (1.333*24000)

H	M	S req'd.	Size (in)	lbs / ft	t (in)
0.0	41,049	15.4	8.0	25.8	0.250
12.0	6,311	2.4	3.5	8.2	0.188

STRUCTURAL TECHNOLOGY CONSULTANTS INC.
7827 CONVOY COURT, SUITE 406, SAN DIEGO, CA 92111 PHONE (858) 278-2400 FAX (858) 278-2424

PROJECT: 6TH AVE. ELECTRONICS, 451 BRICK BLVD., BRICK TOWN, NJ SHEET: 3 OF 5
PROJ. NO.: 1416-02 DESIGNER: YH DATE: 10-31-07
CLIENT: LINCOLN SIGNS & AWNINGS

ASCE 7-05 Wind Loads

6.5.14 F=qh*G*Cf*As * w | w= 1.3 IBC 1605.3 | included in calc of F

6.5.10 qh = 0.00256*Kz*Kzt*Kd*V^2*I

Kzt= 1.0 (unless unusual landscape) I= 1 for structural category II
Kz= table 6-3 Exposure C
Kd= 0.85 for signs l= 500 (constant for Lz. Table 6.2)
V= 115 e= 0.2
6.5.8 G=0.925 ((1+1.7*gq*Iz*Q)/(1+1.7*gv*Iz)) or 0.85 c= 0.2
Iz=c*(33/z)^(1/6)
z=max(0.6*h, zmin)
zmin= 15
gv= 3.4
gq= 3.4
Q=sqrt(1.0 / (1+0.63*(B+h)/Lz)^0.63)
Lz= l*(z/33)^e

sign elem. #	h	Kz	qh	G	s/h	B/s	Cf	pressure	F
1	1.33	0.85	24.46	0.85	0.29	2.00	1.80	48.65	388
2	12	0.85	24.46	0.85	0.29	2.00	1.80	48.65	690
3	15	0.85	24.46	0.85	0.29	2.00	1.80	48.65	1460
4	17	0.90	25.90	0.85	0.29	2.00	1.80	51.51	1030

sum: 3569

STRUCTURAL TECHNOLOGY CONSULTANTS INC.
7827 CONVOY COURT, SUITE 406, SAN DIEGO, CA 92111 PHONE (858) 278-2400 FAX (858) 278-2424

PROJECT: 6TH AVE. ELECTRONICS, 451 BRICK BLVD., BRICK TOWN, NJ SHEET: 4 OF 5
PROJ. NO.: 1416-02 DESIGNER: VH DATE: 10-31-07
CLIENT: LINCOLN SIGNS & AWNINGS

CAP PLATE

INPUT

M	W	EDGE DIST
6311	500	1

Fy
36000

BOLT TENSION
T = 12*M/.99d= 12*6311/.99*11.00=
6954 LB
PLATE WIDTH, MINIMUM
B=2*(T+W)/.45*1.33*Fy*.03*d=
2*(6954+500)/.45*1.33*36000*.03*11.00=
1.57 IN. PLATE WIDTH USED = 12.00 IN.

PLATE CANTILEVER
m=(DEPTH-0.95*D)/2=(12.00-0.95*3.50)/2=
4.34 IN
PLATE BENDING DUE TO BOLT TENSION
M=T*(m-EDGE DIST)/B=6954*(4.34-1.00)/12.00=
1934 IN LB
PLATE BENDING DUE TO BEARING
M=(T+W)*(m-0.01d)/B=(6954+500)*(4.34-0.11)/12.00=
2626 IN LB

PLATE THICKNESS
t=(6*M/1.33*F)^.5=(6*2626/1.33*27000)^.5=
0.66 IN
BOLTS
A=T/1.33Ft No.=6954/1.33*20000*2=
0.131 SQ IN
WELD
3.50 INCH TUBE
Z=BD+D^2/3=3.50*3.50+3.50^2/3=
16.33 IN^2
fv=12M/Z=12*6311/16.33=
4637 LB/IN
8.00 INCH TUBE
Z=BD+D^2/3=8.00*8.00+8.00^2/3=
85.33 IN^2
fv=12M/Z=12*6311/85.33=
887 LB/IN

****
Plate 3/4" x 12.00 x 12.00
4 - 1/2" M.B.
****

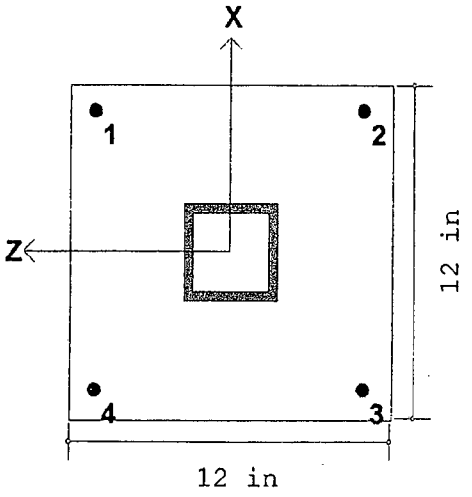
****
3/8" FILLET WELD
ALL AROUND
****

****
3/16" FILLET WELD
ALL AROUND
****

STRUCTURAL TECHNOLOGY CONSULTANTS INC.
7827 CONVOY COURT, SUITE 406, SAN DIEGO, CA 92111 PHONE (858) 278-2400 FAX (858) 278-2424

PROJECT: 6TH AVE. ELECTRONICS, 451 BRICK BLVD., BRICK TOWN, NJ SHEET: 5 OF 5
PROJ. NO.: 1416-02 DESIGNER: VH DATE: 10-31-07
CLIENT: LINCOLN SIGNS & AWNINGS

6th Ave. Electronics

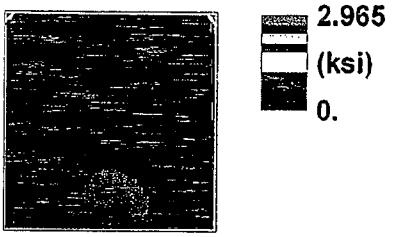


Plain Base Plate Connection

Base Plate Thickness	: .75 in
Base Plate Fy	: 36. ksi
Bearing Surface Fp	: 25.2 ksi
Anchor Bolt Diameter	: .5 in
Anchor Bolt Material	: A307
Anchor Bolt Fu	: 60. ksi
Column Shape	: TU3.5X3.5X3
Design Code	: AISC ASD 9th

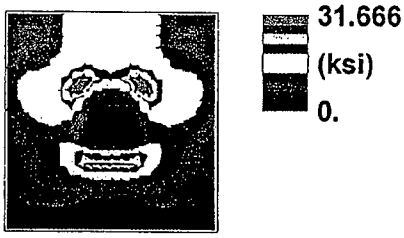
Bearing Pressure

Maximum Bearing 2.965 ksi
Max/Allowable Ratio .088 ASCE EQ.3(W)
(ABIF = 1.333)



Base Plate Stress

Maximum Stress 31.666 ksi
Max/Allowable Ratio .88 ASCE EQ.3(W)
(ASIF = 1.333)



Anchor Bolts

Bolt	X (in)	Z (in)	Tens.(k)	Vx (k)	Vz (k)	Ft (ksi)	Fv (ksi)	Unity	Combination
1	5.	5.	4.355	.622	0.	26.66	13.33	.832	ASCE EQ.3(W)
2	5.	-5.	4.354	.622	0.	26.66	13.33	.832	ASCE EQ.3(W)
3	-5.	-5.	4.354	-.622	0.	26.66	13.33	.832	ASCE EQ.3(W)
4	-5.	5.	4.354	-.622	0.	26.66	13.33	.832	ASCE EQ.3(W)

Loads

	P (k)	Vx (k)	Vz (k)	Mx (k-ft)	Mz (k-ft)	Reverse
DL	.5					No
WL		2.49			6.311	Yes

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Inspection Activity Report

Inspections for Permit Number 07-3496

Permit Number

07-3496

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
11/13/2007	Final	Marcel Renson	Electrical	Fail	BMT HOLDINGS-BRICK LLC 451 BRICK BLVD.	Alteration	SIGN INSTALLATION	
11/15/2007	Final	Frank Mizer	Building	Pass	BMT HOLDINGS-BRICK LLC 451 BRICK BLVD.	Alteration	SIGN INSTALLATION	
03/10/2008	Final	Marcel Renson	Electrical	Pass	BMT HOLDINGS-BRICK LLC 451 BRICK BLVD.	Alteration	SIGN INSTALLATION	

Please sign thanks!

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 07-3496

Date Issued Permit # 11-9-07

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

Block 547 Lot 46 Qualification Code

Work Site Location 451 BRICK BLVD

Owner in Fee 6 AVE ELECTRONICS INC

Address 22 RT 22 W. SPRINGFIELD NJ 07081

Tel. (516) 410 9066

Contractor 6 AVE ELECTRONICS NC

Address 22 RT 22 W. SPRINGFIELD N.J 07081

Tel. (516) 410 9066 FAX ( )

Contractor License No. or Builder Registration No.

Federal Emp. No

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	11-20-07	FM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 11-15-07
Approved by: FM

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				
Barrier-Free			11-15-07	FM

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

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

~~Pylon Sign~~

Bldg. Sign

Street Address MUST BE On Pylon Sign.

COMMERCIAL

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 $

~~Borough of Ridgefield~~
~~515 Church Street~~
~~Ridgefield, New Jersey 07657~~
~~(201) 943-5546~~

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

07-3496
11-9-07

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

Block 547 Lot ~~12~~ (6)
Work Site Location 451 BRICK BLVD

Owner in Fee/Occupant G AJ [illegible] INC
Address 22 [illegible] 22 W [illegible] NJ 07.41

Tele. (516) 41. [illegible]
Contractor HYE-TEK ELECTRICAL CONTRS INC
Address 247 EAGLE Ave
NEW MILFORD NJ 07646
Tele. (201) 599 95[illegible] Fax (201) 599.95[illegible]
Lic. No. 12470
Federal Emp. No. 223719983

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 1500

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: 10-24-07
Approved by: [illegible]

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			11-9-07	FAI
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

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

[X] Licensed Electrical Contractor [ ] 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	
KW		KW Elec. Sign/Outline Light	
		.....	
		.....	

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

U.C.C. F120 (rev. 3/96)
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 07-3496

Date Issued Permit # 11-9-07

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

Block 547 Lot F6 Qualification Code

Work Site Location 451 ROUTE BLVD

Owner in Fee B HVAC ELECTRONICS INC

Address 22 RT 22 W SPRING FIELD N.J 07081

Tel. (511) 414 9666

Contractor F AVE ELECTRONICS INC

Address 22 RT 22 W. SPRING FIELD N.J 07081

Tel. (511) 240 9666 FAX ( )

Contractor License No. or Builder Registration No.

Federal Emp. No

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	11-2-07	KM
[ ] 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
	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				
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) $ 4000

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

~~Pylon Sign~~

Bldg. Sign only

Street Address MUST BE on Pylon Sign.

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 $

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 07-3496

Date Issued Permit # 11-9-07

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

Block 547 Lot FT(1) Qualification Code _____

Work Site Location 4451 Route 1 North

Owner in Fee C. Mac Electronics Inc

Address 12 Lot 22 W Caldwell NJ 07

Tel. ( ) _____

Contractor C Mac Electronics Inc

Address 12 Lot 22 W. Caldwell NJ 07

Tel. ( ) _____ FAX ( ) _____

Contractor License No. or Builder Registration No. _____

Federal Emp. No _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	11-2-07	Fay
[ ] 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
	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				
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

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

~~Illegal Sign~~

Bldg. Sign only
Street Address MUST BE
on Pylon Sign

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 $ _____

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER 4680

Resubmit 10/24/07

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 451 Brick Blvd

DATE REVIEWED: 10-23-07

REVIEWED BY: FM

CONTACT CALLED FAXED: Spoke to Sign Shop (they will send info)

No Structural or Footing Details

10-25-07
Spoke To Frank 9.00.
Needs Sealed plans
50 # sign!

Frank/plan review template

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Division of Inspections
Daniel F. Newman Jr.
Construction Official
732-262-1027
Fax: 732-262-8954
www.twp.brick.nj.us

Date: Sep 6/07

Block: 547 Lot: 6-7

Property Address: 457 BRICK BLVD

I, FRANK MORAN (name) of 1290 CAKESHORE DR (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

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.

COMMERCIAL

FOR OFFICE USE ONLY

Approved on: 10/22/07 Signed:

Rejected on: Signed:

Comments:

Township of Brick
Zoning Permit

Approved: Thursday, October 18, 2007 **Number:** 1250

Block 547 **Lot** 6 & 7 **Zone:** B-2, Gen. Bus.

Property Address: 449 - 451 Brick Boulevard

Applicant: Frank Moran, 6th Avenue Electronics

Property Owner: B.M.T. Holdings

Existing Use: "General Store"

Proposed Use: "6th Avenue Electronics City"

Proposed Construction: Replace pylon sign 5' x 10', 17' high, "6th Avenue Electronics City"
Wall sign 4' 6" x 26' 5", "6th Avenue Electronics City"

Conditions: The total wall sign area may not exceed 15% of the total façade area.
The pylon sign is to be replaced in the same location as the existing pylon sign. The street address number must be displayed on the pylon sign. An additional zoning permit is required for any other sign, banner or other work.

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)

OCT 11 2007

RECEIVED
OCT 18 2007
ZONING

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

BLOCK 547 LOT 6+7 QUALIFIER _____

PROPERTY ADDRESS 449-451 BRICK BLVD

PERSONAL NAME OF APPLICANT FRANK MORAN

BUSINESS NAME OF APPLICANT 6th AVE ELECTRONICS

MAILING ADDRESS OF APPLICANT 22 RT 22 W. SPRINGFIELD N.J

PROPERTY OWNER'S FULL NAME B.M.T. HOLDINGS

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) GENERAL STORE

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) ELECTRONICS STORE 6th AVE

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) PYLON SIGN & WALL 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.

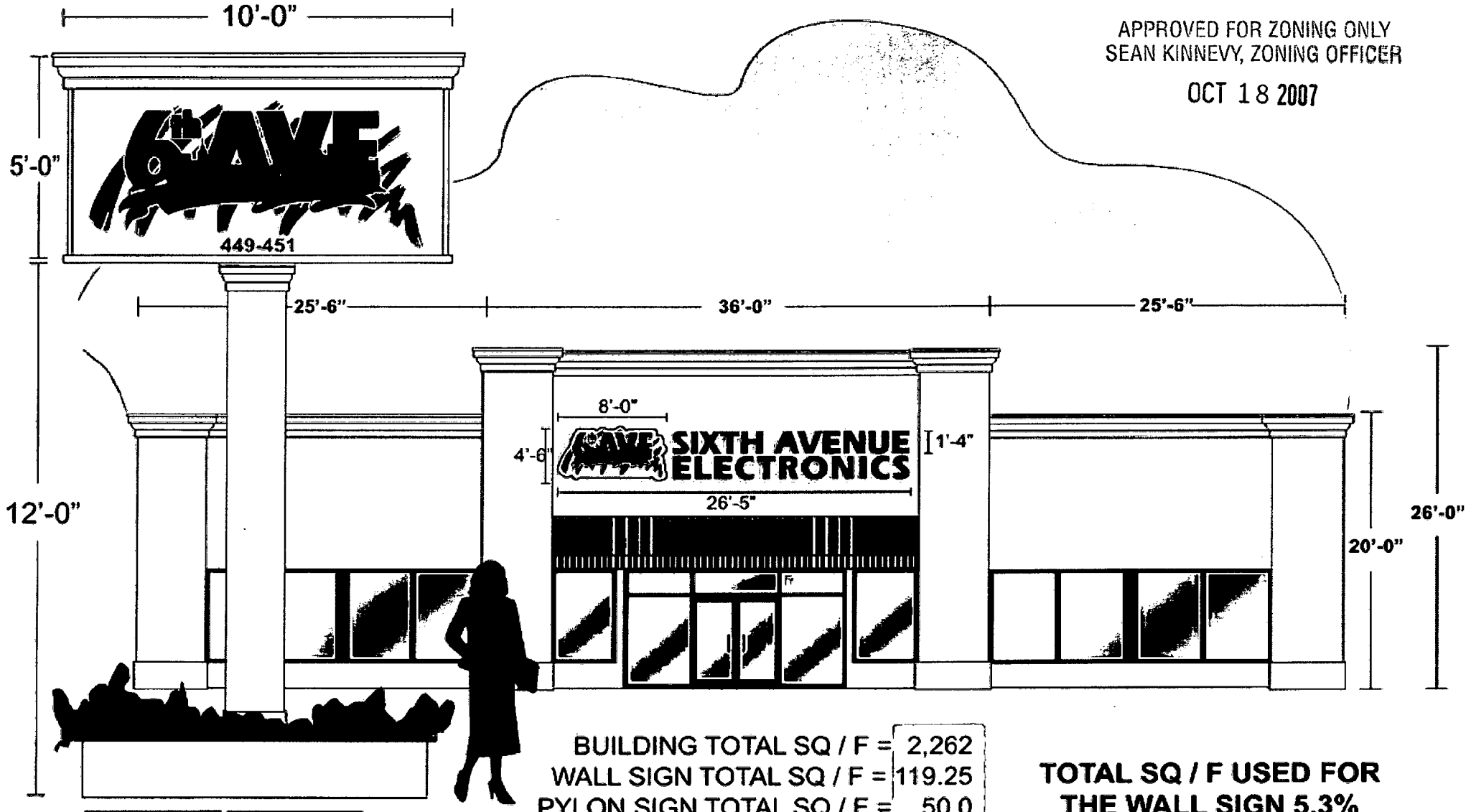
Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

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 Frank Moran Date 10/12/07

Reviewed by Zoning Office SC Date 10/16/07 (SC 10/18/07) ☒ Approved ☐ Denied

Brick Town NJ. 6 Ave. Signs* **Elevation**



BUILDING TOTAL SQ / F =	2,262
WALL SIGN TOTAL SQ / F =	119.25
PYLON SIGN TOTAL SQ / F =	50.0

TOTAL SQ / F USED FOR THE WALL SIGN 5.3%

LINCOLN SIGNS
SIGNS SOLUTIONS THAT WORK
www.lincolnsigns.com 732-442-3151 895 State

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
www.twp.brick.nj.us

October 16, 2007

Frank Moran
6th Avenue Electronics, Inc.
22 Route 22 West
Springfield, NJ 07081

Re: Block: 547 Lot: 6 & 7
449 -451 Brick Blvd.

Dear Mr. Moran,

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

- The application must be completely and accurately filled out and signed by the applicant.
- All parts of the application must match.

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: Michael Fowler, Principal Planner
Daniel Newman, Jr., Construction Official
Glenn Campbell, Administration
Zoning File

10/18/07 Resubmit 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
www.twp.brick.nj.us

October 4, 2007

Frank Moran
6th Avenue Electronics, Inc.
22 Route 22 West
Springfield, NJ 07081

Re: Block: 547 Lot: 6 & 7
449 -451 Brick Blvd.

Dear Mr. Moran,

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

- A new zoning permit application must be neatly and completely filled out and signed by the applicant.
- All parts of the application must match. The construction application is for a wall sign, a pylon sign and two on site informational signs. The zoning permit application is only for a wall sign and a pylon sign.
- The area of a wall sign may not exceed (15%) of the façade area and the proposed percentage must be stated on the drawings.
- Under Section 245-314 B (6) on site informational signs shall not exceed two (2) square feet in area. The sign may include a business name or logo but shall not include any advertising message. The prominent message on the sign must be directional information such as "Enter" or "Exit".
- The locations of the on site informational signs must be shown on the plot plan.

In order to build the signs as proposed the Zoning Board of Adjustment must first approve a variance. Variance application forms can be obtained from Christine Papa, Board Secretary. Mrs. Papa can be reached at 732-262-1049 for additional information.

Very Truly Yours,

Kate MacDonald
Assistant Zoning Officer

C: Michael Fowler, Principal Planner
Daniel Newman, Jr., Construction Official
Glenn Campbell, Administration
Zoning File

10/11/07 resubmit PB

311 ACCESS BRICK TOWNSHIP

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
www.twp.brick.nj.us

September 21, 2007

Frank Moran
6th Avenue Electronics, Inc.
22 Route 22 West
Springfield, NJ 07081

Re: Block: 547 Lot: 6 & 7
449 -451 Brick Blvd.

Dear Mr. Moran,

Your zoning permit application for signs on the referenced property cannot be approved because the application is incomplete and a variance is required.

- All parts of the application must match. The construction application is for a wall sign, a pylon sign and two on site informational signs. The zoning permit application is only for a wall sign and a pylon sign.
- The area of a wall sign may not exceed (15%) of the façade area and the proposed percentage must be stated on the drawings.
- The street address must be displayed on a pylon sign as per Chapter 245, Section 245-313 A (19) of the Township Code.
- Under Section 245-214 C (4) (b) of the Code a ground sign in the B-2 General Business zone must not exceed fifty (50) square feet in area. Under Section 245-313 A (11) a sign shall be measured at the outer edges of the sign structure.
- Under Section 245-314 B (6) on site informational signs (i.e.: enter and exit signs) shall not exceed two (2) square feet in area.

In order to build the signs as proposed the Zoning Board of Adjustment must first approve a variance. Variance application forms can be obtained from Christine Papa, Board Secretary. Mrs. Papa can be reached at 732-262-1049 for additional information.

Very Truly Yours,

Kate MacDonald

10/3/07 - Resident Set

Kate MacDonald
Assistant Zoning Officer

C: Michael Fowler, Principal Planner
Daniel Newman, Jr., Construction Official
Glenn Campbell, Administration
Zoning File

311 ACCESS BRICK TOWNSHIP

RECEIVED
SEP 21 2007
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

RECEIVED
OCT 3 2007

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

BLOCK 547 LOT 1 & 6 QUALIFIER

PROPERTY ADDRESS 449-451 BRICK BLVD BRICK N.J.

PERSONAL NAME OF APPLICANT FRANK MORAN

BUSINESS NAME OF APPLICANT 6TH AVE ELECTRONICS INC

MAILING ADDRESS OF APPLICANT 22 Rt 22 W. SPRINGFIELD N.J. 07081

PROPERTY OWNER'S FULL NAME ~~[illegible]~~ B.M.T. HOLDINGS

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) GENERAL STORE

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) ELECTRONICS STORE 6 AVE ELECTRONICS

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) TWO SIGN BUILDING 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.

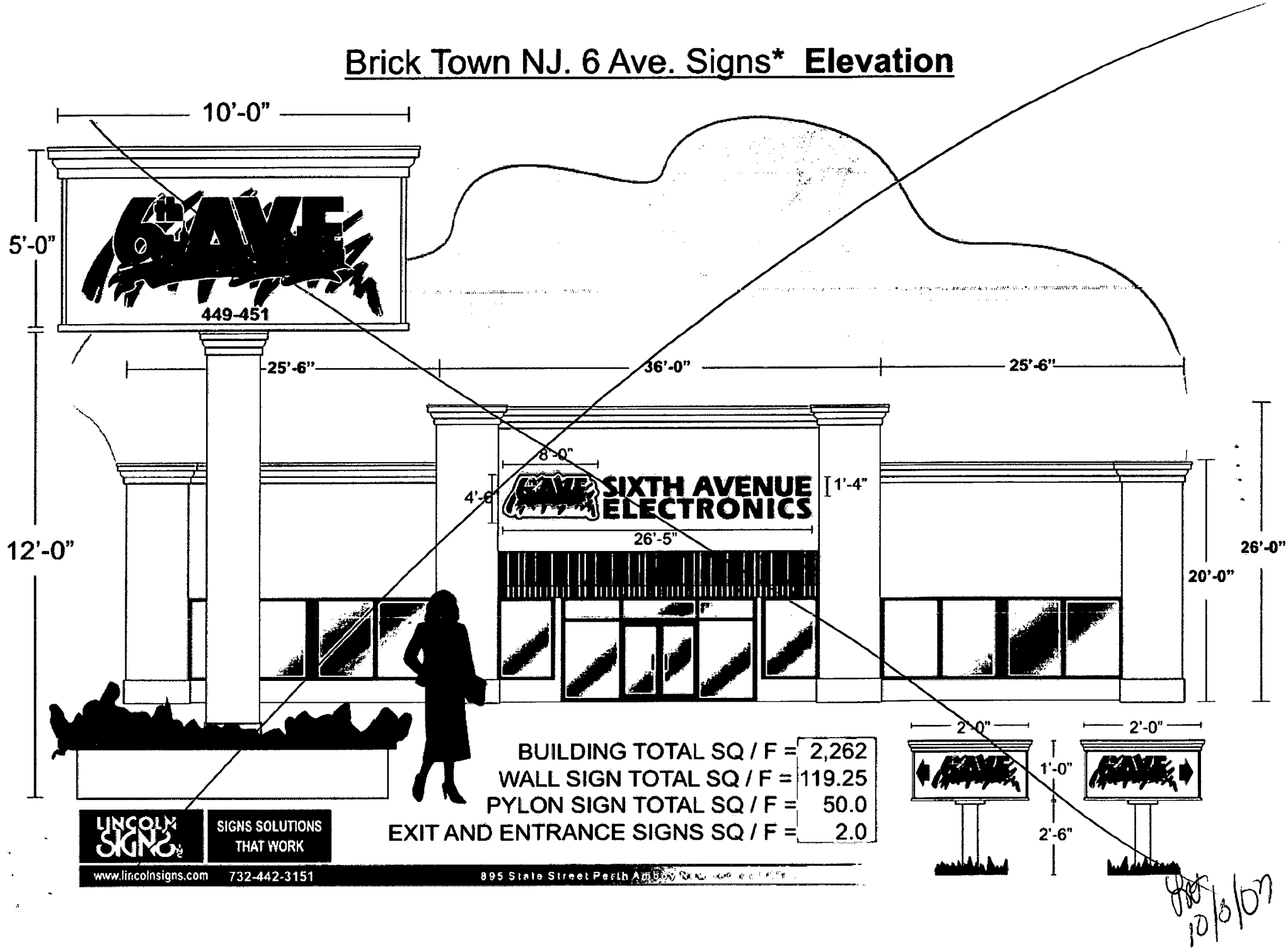
SIGNATURE OF APPLICANT _____ Date Aug 24/07

Reviewed by Zoning Office _____ Date 9/21/07 ( ) Approved (X) Denied
10/3/07

March 2003

9/19/07

Brick Town NJ. 6 Ave. Signs* **Elevation**



BUILDING TOTAL SQ / F =	2,262
WALL SIGN TOTAL SQ / F =	119.25
PYLON SIGN TOTAL SQ / F =	50.0
EXIT AND ENTRANCE SIGNS SQ / F =	2.0

LINCOLN SIGNS
SIGNS SOLUTIONS THAT WORK
www.lincolnsigns.com 732-442-3151 895 State Street Perth Amboy

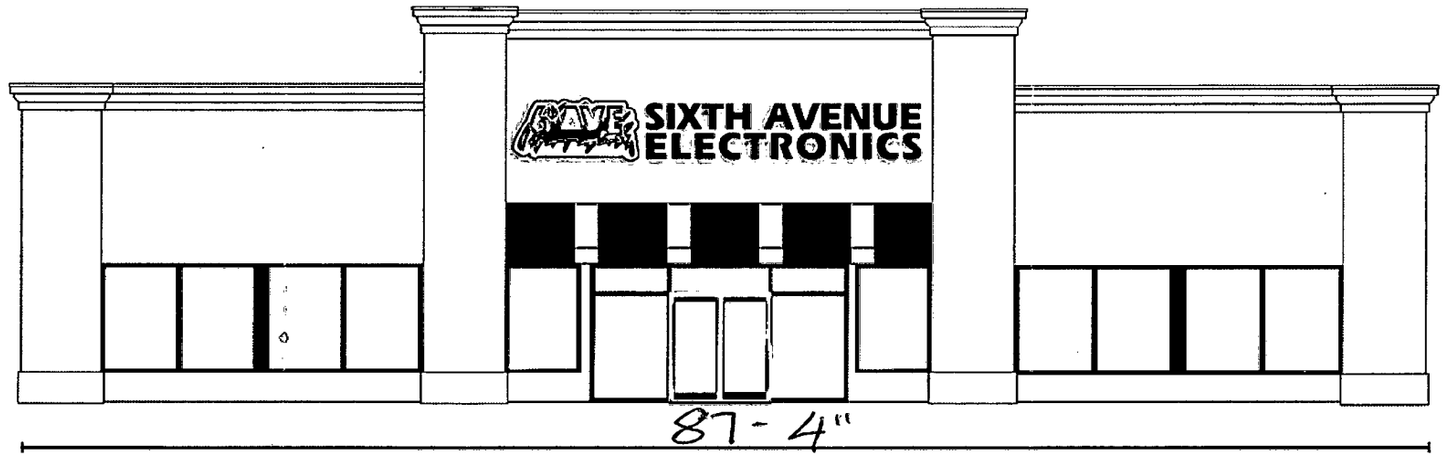
10/6/07

REVERSE ILLUMINATED
CHANNEL LETTERS

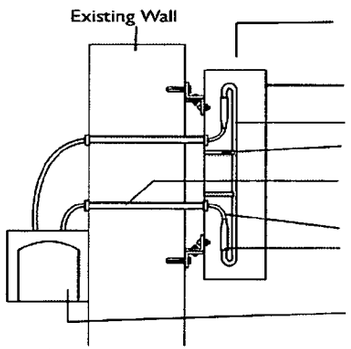
APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
OCT 18 2007

SIXTH AVENUE ELECTRONICS

1'-4"
1'-4"
17'-6"



NIGHT VIEW



(1) 6" Deep Aluminum Return .060 Thick
Color Black

(2) Aluminum Face .090 Thick
Color Black

(3) 15 mm Two-Row Neon Tubing Color: White

(4) Neon Tube Supports

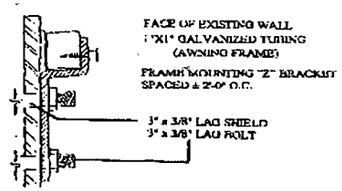
(5) Passthru Wiring Conduit

(6) GTO Wire encased in greenfield

(7) Rubber Electrode Boot

(8) 30 ma Neon Transformer in Galvanized Steel Housing,
Primary electric connected to feed provided by others.

SOLID WALL



LINCOLN SIGNS and Awnings
Phone (732) 442-3151 FAX (732)442-3113
www.lincolnsigns.com e-mail: lincoln.sign@comcastwork.net
393 Front St. Perth Amboy NJ. 08861

DRAWN BY		DATE	
REVIEWED BY		DATE	
APROVED BY		DATE	
REVISED :			
DESCRIPTION			
CONTRACT	DRAWING #		
SCALE #	SHEET #		