

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 07/10/2013
Control Number C-13-002110
Permit Number 13-2269
Permit Issue Date 05/30/2013
Certificate Number 13-2269

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 856 ROUTE 70 The Windmill Brick Township, Block: 852 Lot: 4.01 Qual:
NJ
Owner in Fee: SANDELMAN,SANFORD %KIN PROPERTIES
Owner Address: 185 NW SPANISH RIVER #100 BOCA RATON NJ 33431
Telephone: (561) 620-9200
Contractor: NORTHEAST SIGN & LIGHTING
Address: 1225 RIVER AVE PT PLEASANT NJ 08742
Telephone: (732) 899-2887 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: 22-3557446

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SIGN INSTALLATION

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: _____



CONSTRUCTION PERMIT

Date Issued 5/30/13
Control # C-13-002110
Permit # 13-2269

IDENTIFICATION Block: 852 Lot: 4.01 Qualifier
Work Site Location: 856 ROUTE 70 The Windmill Brick Township, NJ Contractor NORTHEAST SIGN & LIGHTING
Owner in Fee SANDELMAN, SANFORD %KIN PROPERTIES Address 1225 RIVER AVE PT PLEASANT NJ 08742
185 NW SPANISH RIVER #100 BOCA RATON NJ Telephone: (732) 899-2887
33431 Lic. No. or Bldrs. Reg. No.
Telephone: (561) 620-9200 Federal Employee No. 22-3557446

Is hereby granted permission to perform the following work:

- | | | |
|--|--|--|
| ☒ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☒ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT
(Subchapter 8 only) | ☐ OTHER |

DESCRIPTION OF WORK:

SIGN INSTALLATION

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

Estimated Cost of Work \$5,100

Daniel J. Newman Jr.
Construction Official

Date 5/29/13

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$90
Electrical	\$40
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$8
CO Fee	
Other	\$0
Total	\$138
Check No.	
Cash	\$0
Credit	\$0
Collected By	

+50
\$188

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.

05/30/13 11:52AM 001558H3397
BUILDING \$90.00
ELECTRICAL \$40.00
PLUMBING \$0.00
FIRE \$0.00
TOTAL \$138.00

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.



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 852 Lot 4.01 Qualification Code WISDMILC

Work Site Location 856 Rt 70 The Village at Windmill

Owner in Fee: Acce Trust A/C

Tel. (561) 620-9200 e-mail _____

Address 181 NW Spanish Avenue Acce Trust A/C Acce Trust A/C

Contractor: Empire Electric Co Inc Empire Electric Co Inc Tel. (732) 681-1115 zip code 07030

Address 4130 W. 18th Ave e-mail _____

Contractor License No. 13843A Exp. Date 3/15

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

Federal Emp. ID No. 20-0088355 FAX: (732) 681-4117

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 100-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

[] Partial—Underslab Utilities Approved

Date: 5-7-13 Approved by: SB

[] Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[] Bldg. [] Plumb. [] Fire. [] Elev.

SUBCODE APPROVAL for PERMIT

Date: 5-7-13

Approved by: JS

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: 6-10-13

Approved by: JS

Date Received 5/30/13
Control # _____
Date Issued _____
Permit # _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's signature: Thomas I Crider

Print name here: Thomas I Crider

☒ Licensed Elec. Contractor ☐ Landscaping landscape irrigation Contr' ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Sign Replacement

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/KV Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outdoor Light

FEE (Office Use Only)



BUILDING SUBCODE TECHNICAL SECTION



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

Block 852

Lot 4.01

Qualification Code _____

Work Site Location The Windmill
856 Rt 70 Brick, NJ 08723

Owner in Fee: Aneff Trust

Tel. (561) 620-9200

e-mail _____

Address 185 NW Spanish River Blvd.

Boca Raton, FL

33431

Contractor: Northeast Sign & Lighting

municipality

Tel. (732) 899-2887

zip code

Address 1225 River Ave

e-mail _____

Pt. Pleasant, NJ 08742

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

Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason N/A

Federal Emp. ID No. 223557446

FAX: (732) 899-2863

JOB SUMMARY (Office Use Only)

PLAN REVIEW

Date _____

INSPECTIONS

Dates (Month/Day)

☐ No Plans Required

Date _____

Type:

Failure

Failure

Approval

Initial

☒ All

Date 05/28/13

Footing

Footing Bonding

Foundation

Slab

Frame

Truss Sys./Bracing

Barrier-Free

☐ Footings/Foundations

Date _____

Footing

Footing Bonding

Foundation

Slab

Frame

Truss Sys./Bracing

Barrier-Free

☐ Structural/Framework

Date _____

Footing

Footing Bonding

Foundation

Slab

Frame

Truss Sys./Bracing

Barrier-Free

☐ Exterior

Date _____

Footing

Footing Bonding

Foundation

Slab

Frame

Truss Sys./Bracing

Barrier-Free

☐ Interior

Date _____

Footing

Footing Bonding

Foundation

Slab

Frame

Truss Sys./Bracing

Barrier-Free

☐ Joint Plan Review Required:

Date _____

Footing

Footing Bonding

Foundation

Slab

Frame

Truss Sys./Bracing

Barrier-Free

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

Date _____

Footing

Footing Bonding

Foundation

Slab

Frame

Truss Sys./Bracing

Barrier-Free

☐ SUBCODE APPROVAL for PERMIT

Date 05/28/13

Footing

Footing Bonding

Foundation

Slab

Frame

Truss Sys./Bracing

Barrier-Free

☐ SUBCODE APPROVAL for CERTIFICATE

Date 05/28/13

Footing

Footing Bonding

Foundation

Slab

Frame

Truss Sys./Bracing

Barrier-Free

☐ CO ☐ CCO ☒ CA

Date 06/13/13

Footing

Footing Bonding

Foundation

Slab

Frame

Truss Sys./Bracing

Barrier-Free

☐ Date: 06/13/13

Date _____

Footing

Footing Bonding

Foundation

Slab

Frame

Truss Sys./Bracing

Barrier-Free

☐ Approved by: 6/18/13

Date _____

Footing

Footing Bonding

Foundation

Slab

Frame

Truss Sys./Bracing

Barrier-Free

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

Constr. Class Present _____ Proposed _____

No. of Stories _____

If Industrialized Building: _____

Height of Structure _____

ft.

State Approved _____ HUD _____

Area — Largest Floor _____

sq. ft.

Est. Cost of Bldg. Work: _____

New Bldg. Area/All Floors _____

sq. ft.

1. New Bldg. \$ _____

Volume of New Structure _____

cu. ft.

2. Rehabilitation \$ _____

Max. Live Load _____

3. Total (1+2) \$ _____

Max. Occupancy Load _____

5,000

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: Michael DeFalco

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installation of (1) 3' x 18' single faced internally illuminated sign cabinet onto the front of the building and (2) sets of 2' x 9' plastic non-illuminated letters on either side of the building as per the drawings supplied.

TYPE OF WORK:

☐ New Building

☐ Addition

☐ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence _____

☒ Sign _____

Height (exceeds 6') _____

Sq. Ft. _____

☐ Pool

☐ Retaining Wall _____

☐ Asbestos Abatement _____

☐ Lead Haz. Abatement NJAC 5:17 _____

☐ Radon Remediation _____

☒ Other (2) @ 18 sq _____

☐ Demolition _____

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

Date Received
Control #
Date Issued
Permit #

5/30/13
13-2269



BUILDING SUBCODE TECHNICAL SECTION



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

Block 852 Lot 4.01 Qualification Code _____

Work Site Location The Windmill
856 Rt 70 Brick, NJ 08723

Owner in Fee: Aneff Trust

Tel. (561) 620-9200 e-mail _____

Address 185 NW Spanish River Blvd. Boca Raton, FL 33431

Contractor: Northeast Sign & Lighting Tel. (732) 899-2887 Zip code 33431

Address 1225 River Ave e-mail _____

Pt. Pleasant, NJ 08742

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

Home Improvement Contractor Registration No. or Exemption Reason N/A

Federal Emp. ID No. 223557446 FAX: (732) 899-2863

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☐ No Plans Required			Type:	Failure	Approval
☒ All	<u>05/28/13</u>	<u>W</u>	Footings		
☐ Footings/Foundations			Footings Bonding		
☐ Structural/Framework			Foundation		
☐ Exterior			Slab		
☐ Interior			Frame		
☐ Joint Plan Review Required:			Truss Sys./Bracing		
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Barrier-Free		
☐ SUBCODE APPROVAL for PERMIT	<u>05/28/13</u>		Insulation		
☐ SUBCODE APPROVAL for CERTIFICATE	<u>W</u>		Finishes -Base Layer		
☐ CO ☐ CCO ☐ CA			Finishes -Final		
☐ Approved by: _____			Energy		
☐ SUBCODE APPROVAL for CERTIFICATE			Mechanical		
☐ CO ☐ CCO ☐ CA			TCO		
☐ Date: _____			Other		
☐ Approved by: _____			Final		
☐ Barrier-Free					

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Constr. Class	Present	Proposed
No. of Stories			If Industrialized Building:		
Height of Structure	_____ ft.	_____ ft.	State Approved	_____	HUD
Area — Largest Floor	_____ sq. ft.	_____ sq. ft.	Est. Cost of Bldg. Work:		
New Bldg. Area/All Floors	_____ sq. ft.	_____ sq. ft.	1. New Bldg.	\$ _____	5,000
Volume of New Structure	_____ cu. ft.	_____ cu. ft.	2. Rehabilitation	\$ _____	
Max. Live Load	_____	_____	3. Total (1+2)	\$ _____	5,000
Max. Occupancy Load	_____	_____			

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: Michael DeFalco

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installation of (1) 3' x 18' single faced internally illuminated sign cabinet onto the front of the building and (2) sets of 2' x 9' plastic non-illuminated letters on either side of the building as per the drawings supplied.

TYPE OF WORK:

☐ New Building	
☐ Addition	
☐ Rehabilitation	
☐ Roofing	
☐ Siding	
☐ Fence _____ Height (exceeds 6')	
☒ Sign _____ Sq. Ft.	
☐ Pool	
☐ Retaining Wall _____ Sq. Ft.	
☐ Asbestos Abatement Subchapter 8	
☐ Lead Haz. Abatement NJAC 5:17	
☐ Radon Remediation	
☒ Other (2) @ 18 sq	
☐ Demolition	

FEE (Office Use Only)

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

Date Received 5/30/13
Control # 13-2069
Date Issued _____
Permit # _____

RECEIVING CLERK
DATE REC'D 4/19/13

ZONING PERMIT APPLICATION

PERMIT # 2P-13-00485
DATE ISSUED 5/29/13

BLOCK: 852 LOT: 4.01 QUALIFIER: --- SITE ADDRESS: 852 Q 70

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Albert Trust

COMPLETE ADDRESS: 1st N. Spaulding Ave. S.W. Portland OR 97204

PHONE # 503-420-9200 EMAIL: ---

2. NAME OF APPLICANT: The Albert Trust - Northwest Reg. S

APPLICANT ADDRESS: 852 Q 70

PHONE # 503-255-2587 EMAIL: ---

3. RESPONSIBLE PERSON FOR WORK: Thomas DeLuca

PHONE # 503-255-2587 FAX # 503-255-2583

4. SIGNATURE OF APPLICANT: [Signature]

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: ☒ *ADDITION ☐ *ALTERATION ☐ *PORCH ☐ *DECK ☐

POOL: ABOVE GROUND ☐ IN GROUND ☐ FENCE: HEIGHT ☐ TYPE ☐ MATERIAL ☐

HEIGHT: ☐ (*IF APPLICABLE)

OTHER Bas - (1) 3' x 18' Spaulding Ave + (2) 2' x 9' garage

DESCRIPTION: Letter 8/2/13

ZONING REVIEW: 4/27/13

DATE REVIEWED: 4/27/13

DATE DENIED: ---

DATE APPROVED: 4/27/13

INTLS: 5/24

(SEE BACK PAGE)

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: \$ 50.00

OTHER: \$ ---

TOTAL: \$ ---

REQUIRED BY APPLICANT

RESIDENTIAL: ☒

COMMERCIAL: ☐

EXISTING USE: Medical

PROPOSED USE: Church

BOARD APPROVAL: ☐ PB ☐ ZB

RESOLUTION #: ---

APPROVAL DATE: ---

COMMERCIAL

[illegible]

DATE REVIEWED: 4/22/13 DATE DENIED: — DATE APPROVED: 4/22/13 INTLS: NC28

[illegible]



Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:

Application Number: ZA-13-00420

Application Date: 04/27/2013

Project Number:

Permit Number:

Fee:

\$50

Zoning Permit

Worksite: 856 ROUTE 70
Location: Unit No. 2
Brick Township, NJ

Block: 852

Lot: 4.01

Qualifier:

Zone: B-3

Owner: SANDELMAN, SANFORD % KIN PROPERTIES
Address: 185 NW SPANISH RIVER #100
BOCA RATON, NJ 33431

Applicant: NorthEast Sign & Lightning
Address: 1225 River Avenue
Pt. Pleasant, NJ 08742

Application Approved Date: 04/27/2013

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Restaurant - "Windmill" Burgers Dogs Cheese Fries.

Nonconforming Use is:

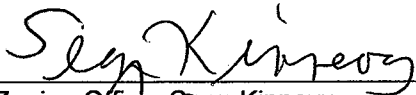
Work Description:

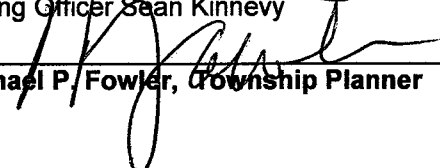
Sign - Replacing existing "Windmill" signs:

- (1) 3' X 18' Storefront Sign single faced internally illuminated sign cabinet onto the front of the building.**
- (2) sets of 2' X 9' plastic non-illuminating letters on either side of the building.**

Upon review it was determined that the Development Application:

- ☒ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
 - ☐ Zoning Board of Adjustment
 - ☐ Zoning Officer


Zoning Officer Sean Kinnevy


Michael P. Fowler, Township Planner

04/27/2013

Date

Date



WINDMILL BRICK, NJ



Designed per IBC -2009 NJ edition
Snow Loads:
 Ground Snow Load.....Pg-26 psf
 Snow Exposure Factor... $C_e=1.0$
 Snow Load Importance... $I_s=1.1$
 Thermal Factor..... $C_t=1.0$

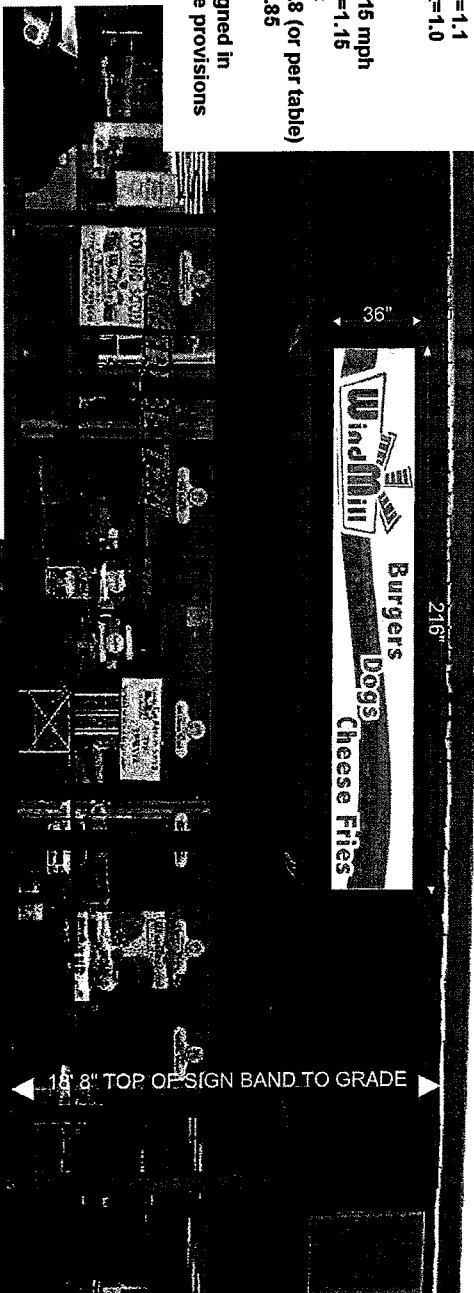
Wind Loads:
 Basic Wind Speed.....115 mph
 Wind Importance Factor... $I=1.15$
 Wind Exposure.....C
 ASCE Force Coef.....1.8 (or per table)
 Gust Factor.....0.85

Exterior Components designed in accordance with applicable provisions of the ASCE 7-10

FASTENER SCHEDULE

HARDWARE		WALL CONSTRUCTION	
DIAM.	ROW	MASONRY (CMU BLOCK)	EIFS/DRYVIT OVER GYPSUM DENSGLASS ONLY WITH BACKER
THRU-BOLT	3/8" 48" O.C.	YES	YES
EXPANSION ANCHOR	3/8" 48" O.C.	YES**	NO
LAG BOLT	3/8" 40" O.C.	NO	1" SOLID WOOD PENETRATION REQ'D
TOGGLE BOLT	3/8" 36" O.C.	IF THROUGH BLOCK FACE	ONLY WITH MIN. 1/2" PLYWOOD BACKER
		YES	YES

*Each 'Row' shall have two fasteners, top and bottom of sign box
 **Expansion anchors require a minimum 3-1/2" embedment



OVERALL STORE FRONT 45'

INTERNALLY ILLUMINATED SIGN CABINET

U/L APPROVED

INSTALLED TO FACADE WITH 8 3/8"

ALL THREAD THRU BOLTS

APPROVED FOR ZONING ONLY
 SEAN KINNEY ZONING OFFICER

APR 27 2013

SK

Murdoch Engineering
 8308 Avalon Ct.
 West Long Branch, NJ 07764
 (973)-570-8215

John Murdoch
 John Murdoch, P.E.
 Professional Engineer
 NJ P.E. License #48980



1225 River Ave. Point Pleasant, NJ

P. 732.899.2887

F. 732.899.2863

mdefalco@northeastsignco.com

WINDMILL BRICK, NJ

Designed per IBC -2009 NJ edition

Snow Loads:

Ground Snow Load.....Pg-26 psf

Snow Exposure Factor... $C_e=1.0$

Snow Load Importance... $I_s=1.1$

Thermal Factor..... $C_t=1.0$

Wind Loads:

Basic Wind Speed.....115 mph

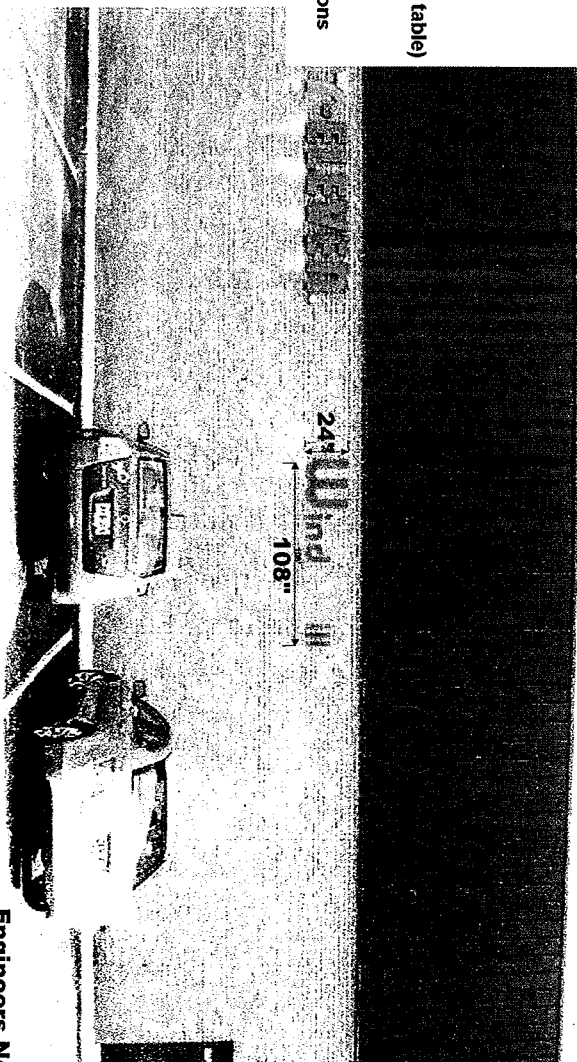
Wind Importance Factor... $I=1.15$

Wind Exposure.....C

ASCE Force Coef.....1.8 (or per table)

Gust Factor.....0.85

Exterior Components designed in accordance with applicable provisions of the ASCE 7-10



Engineers Note:
For Letters "W and M"
Install Four(4) 3/16" All-Threaded Studs
into a solid masonry embedment of 1-1/2" w/
Silicone Adhesive. All remaining letters install
Three(3) Per/Letter.

FORMED PLASTIC STUD MOUNTED LETTERS INSTALLED WITH 3/16" STUDS AND SILICONE ADHESIVE

NORTHEAST
SIGN-&-LIGHTING

Jeff Murdoch
Jeff Murdoch, P.E.
Professional Engineer
NJ P.E. License #48980
mdefalco@northeastsignco.com

1225 River Ave. Point Pleasant, NJ

P. 732.899.2887

F. 732.899.2863

mdefalco@northeastsignco.com

WINDMILL BRICK, NJ

Designed per IBC -2009 NJ edition

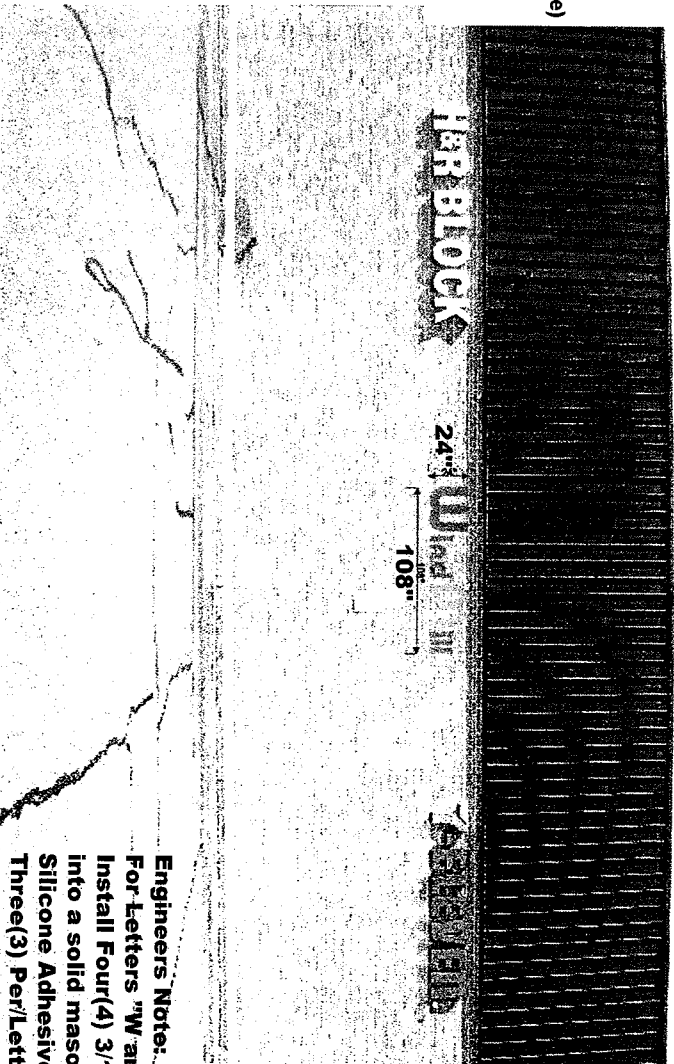
Snow Loads:

Ground Snow Load.....Pg-25 psf
Snow Exposure Factor... $C_e=1.0$
Snow Load Importance... $I_s=1.1$
Thermal Factor..... $C_t=1.0$

Wind Loads:

Basic Wind Speed.....115 mph
Wind Importance Factor... $I=1.15$
Wind Exposure.....C
ASCE Force Coef.....1.8 (or per table)
Gust Factor.....0.85

Exterior Components designed in
accordance with applicable provisions
of the ASCE 7-10



Engineers Note:

For Letters "W" and "M"
Install Four(4) 3/16" All-Threaded Studs
into a solid masonry embedment of 1-1/2" w/
Silicone Adhesive. All remaining letters install
Three(3) Per/Letter.

FORMED PLASTIC STUD MOUNTED LETTERS INSTALLED WITH 3/16" STUDS AND SILICONE ADHESIVE



Murdoch Engineering
8308 Avalon Ct.
West Long Branch, NJ 07764
(973)-570-8215

Jeff Murdoch
Jeff Murdoch, P.E.
Professional Engineer
NJ P.E. License #448980
mdefalco@northeastsignco.com

1225 River Ave. Point Pleasant, NJ

P. 732.899.2887

F. 732.899.2863

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

☐ Check if contractor.

Agent Name Steve De Franco Northeast Project

Address 1225 Ocean Ave

Telephone (B2) 859-2887

Signature [Signature]

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