Brick Dental

BLOCK 835 LOT 21 QUALIFICATION CODE ______ ADDRESS (SITE) 1683 Rt 88 Unit C PERMIT NO. 18-3528

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

C-18-004460

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

I. IDENTIFICATION

1. Proposed Work Site at: 1683 Rt 88 Unit C
2. Name of Owner in Fee: [illegible] Assoc.
   Tel. ( ) ______ e-mail ______
   Address 1683 Rt 88 (street) Brick NJ (municipality) 08724 (zip code)
3. Ownership in Fee: Public ______ Private ✓
4. Principal Contractor: Northeast [illegible] Tel. (732) 899-2887
   Address 1225 [illegible] e-mail ______
   Pt Pleasant NJ 08742
   License No. OR, if new home, Builder Reg. No. N/A Exp. Date ______
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): N/A
   Federal Emp. ID No. 22-3557446 FAX: ( ) ______
5. Architect or Engineer [illegible] Contact [illegible]
   Address 2 Hummingbird [illegible] e-mail ______
   Tel. (973) 570-8215 FAX: ( ) ______
6. Responsible Person in Charge once Work has Begun [signature]
   Tel. (732) 899-2887 FAX: ( ) ______

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 150 ✓		
2. Electrical	150 ✓		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	7		
10. Subtotal	7 $ 15		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 382		

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. Max. Live Load ______
7. Max. Occupancy Load ______
8. If Industrialized Building: State Approved ______ HUD ______
9. Total Land Area Disturbed ______ sq. ft.
10. Flood Hazard Zone ______
11. Base Flood Elevation ______ ft.
12. Wetlands yes ______ no ______

COMMERCIAL

IIa. PROPOSED WORK

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

Sign

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

Subcode	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building					12/21/18	[illegible]			
☑ Electrical		CW	11/30/18		12/14/18	PB			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Eng Exempt			12/11/2018	EC			
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use: ______
2. Use Group, Proposed: ______
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: Total Units Income-restricted
   - Gained, Sale
   - Gained, Rental
   - Lost, Sale
   - Lost, Rental

B. NON-RESIDENTIAL (primary use)
1. State Specific Use: ______
2. Use Group, Proposed: ______
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present ______ Proposed ______

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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

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 [illegible]

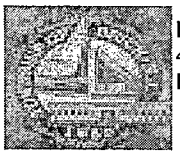
Address 1225 [illegible] Ave

Pt. Pleasant N.J. 08742

Telephone ([illegible]) [illegible]-2887

Signature [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 1/31/2019
Control Number C-18-004469
Permit Number 18-3528
Permit Issue Date 12/28/2018
Certificate Number 18-3528

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1683 ROUTE 88 Brick Township, NJ Block: 835 Lot: 21 Qual:

Owner in Fee: SHORE NEUROBEHAVIORAL ASSOC LLC

Owner Address: 1683 ROUTE 88 BRICK NJ 08724

Telephone:

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 - - BRICK DENTAL ...INSTALL ILLUMINATED FACADE SIGN

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 1/31/2019

U.C.C. F260 (rev. 08/05)

Brick Dental

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 12/28/18

Date Issued / Permit # 18-3528

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

Block 835 Lot 21 Qualification Code

Work Site Location Brick Dental
1683 Rt 88 Unit C Brick, NJ 08724

Owner in Fee: Shore Neurobehavioral Asso LLC

Tel. e-mail

Address 1683 Rt 88 (street) Brick, NJ (municipality) 08724 (zip code)

Contractor: Northeast Sign & Lighting, Inc. Tel. (732) 899-2887

Address 1225 River Ave e-mail info@northeastsignco.com
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
[ ] No Plans Required		
[✓] All	12/27/18	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 12/27/18
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 01/25/19
Approved by:

INSPECTIONS Type:	Dates (Month/Day) 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			1/25/19	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group 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.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ 3,600
2. Rehabilitation $
3. Total (1+ 2) $ 3,600

U.C.C. F110 (rev. 11/09)
Internet version

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.

Sign here: _____

Print name here: Michael DeFalco

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Installation of (1) 21" x 17' LED Illuminated Channel Letter Raceway sign as per the drawing supplied.

COMMERCIAL

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [X] Sign 30 Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

$

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

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Brick Dental

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received Control # 12/28/18

Date Issued Permit # 18-3528

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

Block 85 Lot 21 Qualification Code

Work Site Location Brick Plaza

1683 Rt 88 Unit C Brick NJ 08724

Owner in Fee: Brick Neurobehavioral Assoc LLC

Tel. e-mail

Address 1683 Rt 88 municipality Brick NJ zip code 08724

Contractor: Empire Electric Co Inc Tel. 732 681-1115

Address 430 W. 18th Ave e-mail ~

Wall, NJ 07727

Contractor License No. 13843A Exp. Date 3/21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 20-0088355 FAX: 732 681-1117

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 250 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[✓] Electric Plans Approved

Date: 12/14/18 Approved by: PJC

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 12/14/18

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 1/25/19

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			1/25/19	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Thomas T Crader

Print name here: Thomas T Crader

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Channel Sign to Existing Pad —

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	16	KW Elec. Sign/Outline Light	

COMMERCIAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

CONSTRUCTION PERMIT

Date Issued 12/28/18
Control # C-18-004469
Permit # 18-3528

IDENTIFICATION Block: 835 Lot: 21 Qualifier
Work Site Location: 1683 ROUTE 88 Brick Township, NJ
Owner in Fee SHORE NEUROBEHAVIORAL ASSOC LLC
1683 ROUTE 88 BRICK NJ 08724
Telephone:

Contractor NORTHEAST SIGN & LIGHTING
Address 1225 RIVER AVE PT PLEASANT NJ 08742
Telephone: (732) 899-2887
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3557446

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 - BRICK DENTAL ...INSTALL ILLUMINATED FACADE SIGN

PAYMENTS (Office Use Only)

Building	$150
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$7
CO Fee	
Other	$0
Total	$307
Check No.	1113
Cash	$0
Credit	$0
Collected By	

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 $3,850

Construction Official Date 12/21/18

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

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.

- [x] 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".

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

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

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # 12/28/16
DATE ISSUED ZP-18-01470

BLOCK: 835 LOT: 21 QUALIFIER: _____ SITE ADDRESS: 1683 Rt 88 Unit C Brick Blvd

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Shore Neurobehavioral Assoc
   COMPLETE ADDRESS: 1683 Rt 88
   Brick N.J. 08724
   PHONE # _____ EMAIL: _____

2. NAME OF APPLICANT: Northeast Sign
   APPLICANT ADDRESS: 1225 River Rd
   E Brunswick N.J. 08816
   PHONE # 732-859-2887 EMAIL: INFO@NORTHEASTSIGN.COM

3. RESPONSIBLE PERSON FOR WORK: Mike DeMaio
   PHONE# 732-859-2887 FAX# _____

4. SIGNATURE OF APPLICANT: _____

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ _____
OTHER: $ _____
TOTAL: $ _____

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: Brick Dental Associates
PROPOSED USE: Brick Dental

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

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 Sign

DESCRIPTION: Installation of (1) 24" x 17' LED Illuminated Raceway Sign

ZONING REVIEW:
DATE REVIEWED: 12-20-16 DATE DENIED: _____ DATE APPROVED: 12-20-16 INITIALS: CM

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) **Four (4) copies of 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.

2) **Two copies of the plans with dimensions and heights noted:**

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

Choose which is applicable for submission

3) **Plot plans and building plans must match for complete review**

NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED

01/2010

OFFICE USE ONLY

ZONING REVIEW:

DATE REVIEWED: 12/10/12 DATE DENIED: — DATE APPROVED: 12/10/12 INTLS: SGR

DATE:	COMMENTS:	INITIALS:
12/10/12	SENT TO Cindy	SGR

245 Attachment 5

Township of Brick

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS
Township of Brick
Ocean County, New Jersey

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2-AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No. 354-2TTTT-88; 9-27-1988 by Ord. No. 354-2XXXX-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

	Minimum Lot Size						Minimum Required Yard Depth						Maximum Lot Coverage by Building	Maximum Building Height				Minimum Floor/ Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage
	Interior Lots			Corner Lots			Principal Building				Accessory Building								
Zone	Area (square feet)	Width (feet)	Depth (feet)	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Both Sides Combined (feet)	Rear Yard (feet)	Side Yard (feet)	Rear Yard[3] (feet)		Stories	Eaves (feet)	Feet	Ridge (feet)		
R-R	40,000	150	150	40,000	150	150	50	25		50	25	25	25%	–	25			–	
RR-2	See § 245-90.																		
RR-3	See § 245-103.																		
R-20	20,000	100	125	25,000	100	125	40	15	–	40	10	10	25%	–	25	35	38.5	–	
R-15	15,000	100	115	17,250	100	115	35	12	–	35	10	10	25%	–	25	35	38.5	–	
R-10	10,000	90	100	10,500	100	100	30	6	20	20	5	5	30%	–	25	35	38.5	–	
R-7.5	7,500	75	90	9,000	75	90	25	6	15	15	5	5	30%	–	25	35	38.5	–	
R-5	5,000	50	75	6,000	50	75	20	5	12	15	5	5	35%	–	25	35	38.5	–	
O-P	15,000	100	150	15,000	100	150	50	10	–	50	20	50	35%[2]	2	–	35	38.5	1,500	70%
B-1	10,000	100	90	12,500	100	125	30	10	–	20	10	20	30%[2]	2	–	35	38.5	1,000	60%
B-2	20,000	125	125	20,000	125	125	50	10	–	50	10	50	30%[2]	2	–	35	38.5	2,000	65%
B-3	2 acres	200	200	2 acres	200	200	75	30	–	50	20	50	25%[2]	–	–	35	38.5	2,000	65%
B-4	5 acres	300	300	–	–	–	100	50(150[1])	–	100(150[1])	20	50	25%	3	–	35	38.5	30,000	70%
M-1	5 acres	300	300	5 acres	300	300	100	50	–	150	75	150	30%[2]	–	–	35	38.5	5,000	65%
R-M	25 acres	350	200	–	–	–	50	50	–	30	30	30	20%	–	25	35	38.5	–	65%
O-P-T	40,000	150	150	40,000	150	150	50	20	–	50	20	50	25%[2]	2	–	35	38.5	2,000	50%
H-S	See § 245-261.													–	–	–	–		70%

NOTES:
1. If adjacent to residential zone or use.
2. The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.
3. For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued: 12/22/18
Application Number: ZA-18-01459
Application Date: 12/7/2018
Project Number:
Permit Number: ZP-18-01470
Fee: $75.00

Zoning Permit

Worksite **1683 ROUTE 88**
Location: **Brick Township, NJ 08724**

Owner: **SHORE NEUROBEHAVIORAL ASSOC LLC**
Address: **1683 ROUTE 88**
BRICK, NJ 08724

Applicant: **NORTHEAST SIGN & LIGHTING**
Address: **1225 RIVER AVE**
PT PLEASANT, NJ 08742

Block: **835** Lot: **21** Qualifier: Zone: **B-1**

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

Present Use: **Medical Offices**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Medical Offices (Brick Dental)**

Work Description:

Sign - Installation of a (1) 21" x 17' sq. ft. LED illuminated channel letter facade sign.

The sign cannot exceed 15% of the storefront facade.

Additional Zoning Permit is required for additional work and signage.

Application Approved Date: 12/10/2018

Upon review it was determined that the Zoning Permit:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on:
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Christopher J. Romano, Assistant Zoning Officer — 12/10/2018 Date

Sean Kinnevy, Zoning Officer — 12/10/18 **Date**

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 835 LOT: 21 ADDRESS: Brick Dunes 1683 Rt 88 Unit C

IDENTIFICATION:

1. WORK SITE ADDRESS: 1683 Rt 88 Unit C
2. NAME OF OWNER IN FEE: Shore Neurobehavioral Assoc
   ADDRESS: 1683 Rt 88 PHONE #: (__) _____
   Brick NJ 08724 FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: Northeast Pool
   ADDRESS: 1225 River Ave PHONE #: (732) 899-2887
   Lakehurst NJ 08733 FAX #: (__) _____
4. ARCHITECT OR ENGINEER: Lockwood
   ADDRESS: 2 Hummingbird Ct Howell PHONE: # (973) 370-8215
5. RESPONSIBLE PERSON FOR WORK: Mike DeMarco
   ADDRESS: 1225 River Ave Lakehurst NJ 08733

PHONE #: (732) 899-2887 FAX #: (__) _____ E-MAIL: _____

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ _____

OTHER _____: $ _____

BOND(S): $ _____

TOTAL: $ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☐ OTHER Spa

LENGTH: 17' WIDTH: 21" HEIGHT: _____

ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____