

CONSTRUCTION PERMIT APPLICATION

C18-003757

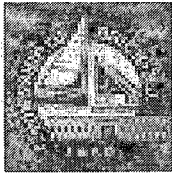
Tel. 908-309-0093 FAX: 732-647-1217

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 _____

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates		Re-viewer
						Approval	Rejection	
	YMP			11/15/18	WEL			
	10/3/18							
	Eng	Exempt		10/22/18	ECE			

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks	4. ☐ Refrigeration Systems	8. ☐ Smoke Control Systems in Open Wells	12. ☐ Fire Alarm
2. ☐ High Pressure Boilers	5. ☐ Cross-Connections/Backflow Preventers	9. ☐ Underground Storage Tanks	
3. ☐ Pressure Vessels	6. ☐ Hazardous Uses/Places of Assembly	10. ☐ Swimming Pools, Spas and Hot Tubs	
	7. ☐ Sprinklers/Standpipes	11. ☐ LP Gas Tanks	

D. Construct. Classification: Present _____
Proposed _____



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/4/2019
Control Number C-18-003757
Permit Number 18-3177
Permit Issue Date 11/19/2018
Certificate Number 18-3177

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1695 ROUTE 88 Brick Township, NJ Block: 842 Lot: 22 Qual: _____
Owner in Fee: K & S WALL PROPERTIES LLC
Owner Address: 1909 VINCENT CT WALL NJ 07719
Telephone: _____
Contractor: NORTHEAST CONSTRUCTION
Address: 528 ARNOLD AVE STE B PT PLEASANT NJ 08742
Telephone: (732) 905-7777 Fax: (732) 647-1217
License Number or Builders Registration Number: _____ Federal Emp. Number: 462384876

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, SITE LIGHTING - - MEDICAL BUILDING ...INSTALL MONUMENT SIGN & SITE LIGHTING (BUILDING SUBCODE ONLY - ELECTRIC INCLUDED ON #17-1489)

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: _____



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

11/19/18
18-3177

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

Block 842 Lot X 22 Qualification Code _____

Work Site Location 1695 RT 88

Brick NJ

Owner in Fee: K-N-S Wall Properties

Tel. 908-309-0093 e-mail _____

Address 1909 Vincent Court Wall. NJ 07719

Contractor: Northeast Contr. & Inc. Tel. 908-309-0093

Address 528 Arnold Ave. Suite B e-mail darryl@northeastcon.com

RT Pleasant Beach NJ 08741

Contractor License No. or Builder Registration No. 13VH07410780 Exp. Date 3/31/19

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

Federal Emp. ID No. 462384876 FAX: 732-647-1217

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	INSPECTIONS
☐ No Plans Required			Type: _____ Failure _____ Approval _____ Initial _____
☒ All	<u>11/15/18</u>	<u>RK</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			Insulation _____
Date: <u>11/15/18</u>			Finishes -Base Layer _____
Approved by: <u>RK</u>			Finishes -Final _____
SUBCODE APPROVAL for CERTIFICATE			Energy _____
☐ CO ☐ CCO ☐ CA			Mechanical _____
Date: <u>09/24/19</u>			TCO _____
Approved by: <u>RK</u>			Other _____
			Final _____
			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. \$ 1,000

Volume of New Structure _____ cu. ft. 2. Rehabilitation \$ 2,000

Max. Live Load _____ Total (1+ 2) \$ 3,000

Max. Occupancy Load _____

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

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: Darryl Monticello

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Movement sign 1/2 site
Lighting

Site Lighting Electric on
(2 poles)
17-1489

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 _____
- ☐ Demolition

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

Community Development and Land Use

401 Chambers Bridge Rd.

Brick NJ 08723

(732) 262-1336



Receipt

Payment Date 11/30/2018

Transaction # PMT-18-11058

Receipt #

Issued To PREMIER HEALTHCARE ASSOCIATES, PC

Description FINAL AFFORDABLE HOUSING
BLOCK 842 LOT 22
1695 ROUTE 88

Date Printed 11/30/2018

Check Number 1935

Cash	\$0.00
Check	\$7,338.00
Charge	\$0.00
Total Paid	\$7,338.00



CONSTRUCTION PERMIT

Date Issued 11/19/18
Control # C-18-003757
Permit # 18-3197

IDENTIFICATION Block: 842 Lot: 22 Qualifier _____
Work Site Location: 1695 ROUTE 88 Brick Township, NJ Contractor NORTHEAST CONSTRUCTION
Owner in Fee K & S WALL PROPERTIES LLC Address 528 ARNOLD AVE STE B PT PLEASANT NJ 08742
1909 VINCENT CT WALL NJ 07719 Telephone: (732) 905-7777
Telephone: _____ Lic. No. or Bldrs. Reg. No. 13VH07410700 048029 13VH07410700
Federal Employee No. 962384878

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, SITE LIGHTING - MEDICAL BUILDING ...INSTALL MONUMENT SIGN & SITE LIGHTING (BUILDING SUBCODE ONLY - ELECTRIC INCLUDED ON #17-1489)

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 \$3,000

D. Newman
Construction Official

Date 11/15/18

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	\$300
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$6
CO Fee	
Other	\$0
Total	\$306
Check No.	<u>1946</u>
Cash	\$0
Credit	\$0
Collected By	

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".

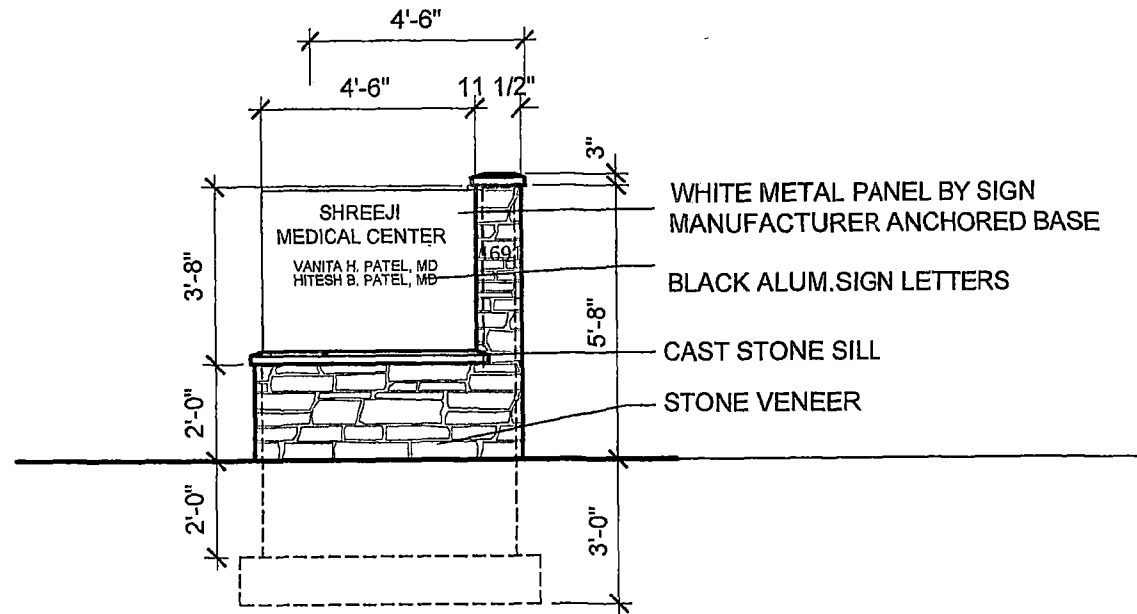
☒ A complete copy of released plans must be kept on the job site.

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

3203 Atlantic Ave.
P.O. Box 267
Allenwood, NJ 08720

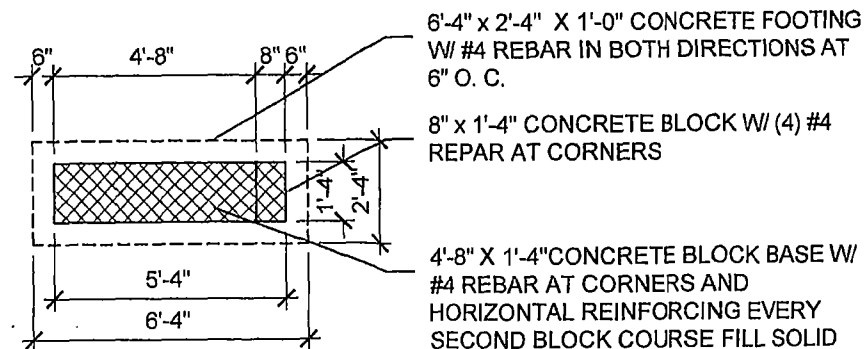
JACK A. PURVIS, A.I.A.
ARCHITECT

Phone: 732-292-9300 o
Phone: 732-299-7349 c
Fax: 732-292-9393
email: jpurvis@purivs-architect.com



TOWNSHIP OF BRICK
RELEASED FOR PERMIT INITIAL DATE
Building Subcode 11/15/18
Plumbing Subcode _____
Fire Subcode _____
Electrical Subcode _____
Plan Reviewer _____
Plans Released _____
Construction Official _____

FILE COPY



Monument Plan and Elevation

Scale: 1/4" = 1' -0"

DATE: 10-01-18

PROJECT #: 1505

Premier Healthcare Associates Office

1693 State Highway 88
Brick, New Jersey

SHEET

Sk-8a

RECEIVING CLERK
DATE REC'D

ZONING PERMIT APPLICATION

PERMIT #
DATE ISSUED

BLOCK: 842 LOT: 2500 QUALIFIER: — SITE ADDRESS: 1695 RT 88 Brick, NJ

IDENTIFICATION:

1. NAME OF OWNER IN FEE: K-N-S wall properties, LLC
COMPLETE ADDRESS: 1909 Vincent Ct.
Wall, NJ 07719.
PHONE # _____ EMAIL: _____

2. NAME OF APPLICANT: Northeast Construction & Development
APPLICANT ADDRESS: 528 Arnold Ave Suite B
Pont Pleasant Beach, NJ 08742
PHONE # 908-309-0093 EMAIL: darryl@northeastcd.com

3. RESPONSIBLE PERSON FOR WORK: Darryl Monticello
PHONE # 908-309-0093 FAX # 932-647-1217

4. SIGNATURE OF APPLICANT: 

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: \$ 50-
OTHER: \$ _____
TOTAL: \$ 50-

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: X
EXISTING USE: B1
PROPOSED USE: B1

BOARD APPROVAL: ✓ PB ✓ ZB
RESOLUTION #: R-23-15
APPROVAL DATE: 9-23-15

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: _____ *ADDITION: _____ *ALTERATION: _____ *PORCH: _____ *DECK: _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____

HEIGHT: _____ (*APPLICABLE)

OTHER: Signs bettering on Building & Monument sign Site lighting

DESCRIPTION: Lettering on Building and Monument sign which has already been approved
Site lighting.

ZONING REVIEW:

DATE REVIEWED: 10-5-18 DATE DENIED: _____ DATE APPROVED: 10-5-18 INTLS: Ch

(SEE BACK PAGE)

LAND USE

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. 354-2AAA-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. 354-2TTT-88; 9-27-1988 by Ord. No. 354-2XXX-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]

Zone	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			Maximum Building Height					
	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%
IIS	See § 245-261.																		
														-	-	-	-		70%

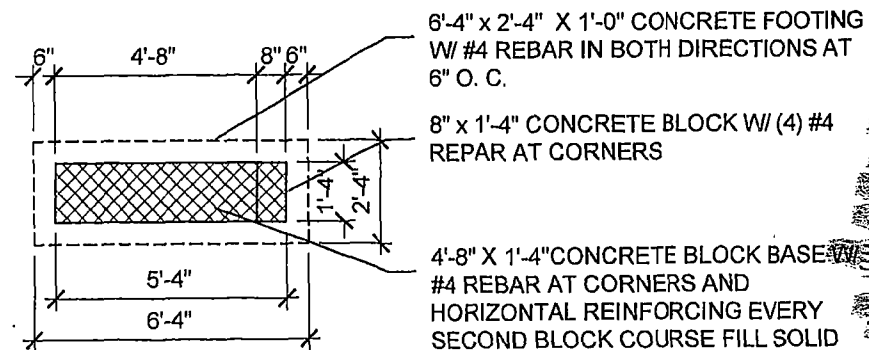
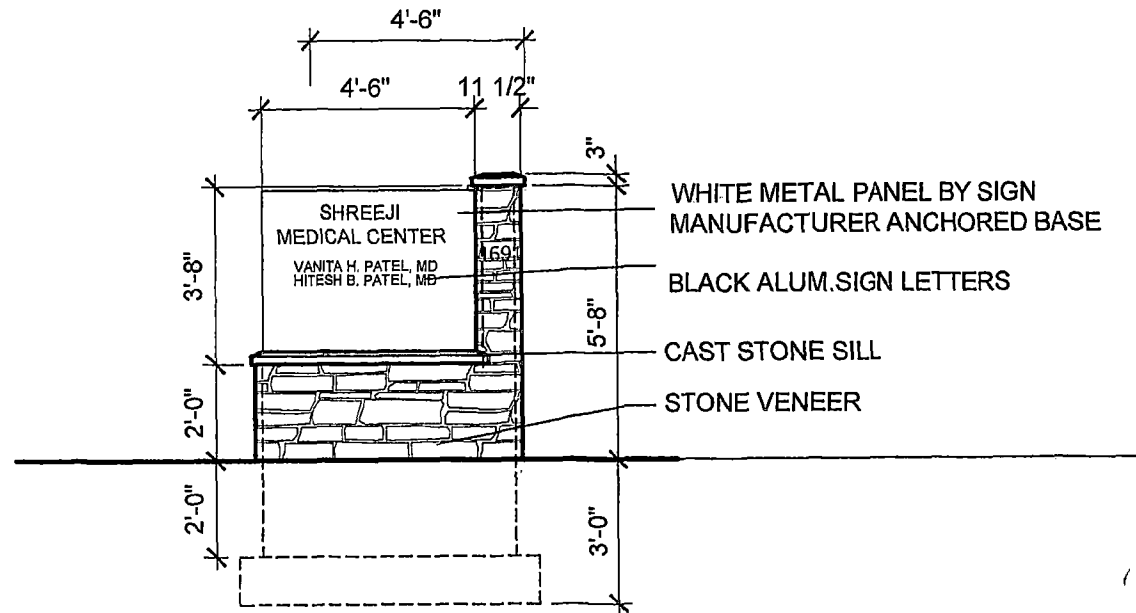
NOTES:

- 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.

3203 Atlantic Ave.
P.O. Box 267
Allenwood, NJ 08720

JACK A. PURVIS, A.I.A. ARCHITECT

Phone: 732-292-9300 o
Phone: 732-299-7349 c
Fax: 732-292-9393
email: jpurvis@purivs-architect.com



Monument Plan and Elevation
Scale: $\frac{1}{4}" = 1' - 0"$
DATE: 10-01-18
PROJECT #: 1505

Premier Healthcare Associates Office
1693 State Highway 88
Brick, New Jersey

SHEET
Sk-8a

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 842 LOT: 28 ADDRESS: 1695 RT 88 Brick NJ**IDENTIFICATION:**

1. WORK SITE ADDRESS: 1695 RT 88, Brick, NJ
2. NAME OF OWNER IN FEE: K-S Wall properties LLC
ADDRESS: 1909 Vincent CT PHONE #: ()
Wall, NJ 07719 FAX #: ()
3. PRINCIPAL CONTRACTOR: Northeast Constructors & Dev
ADDRESS: 528 Arnold Ave PHONE #: (908) 309-0093
Suite B
Pleasant Bch. NJ 08742 FAX #: (732) 647-1217
4. ARCHITECT OR ENGINEER: Lindstrom, Diessner & Carr, P.C.
ADDRESS: 136 Drum Point Rd. PHONE: # (732) 477-8900
5. RESPONSIBLE PERSON FOR WORK: Darryl Monticello
ADDRESS: 528 Arnold Ave, Suite B, PT Pleasant Bch.
PHONE #: (908) 309-0093 FAX #: (732) 647-1217 E-MAIL: darryl@northeastcd.com

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____☒ OTHER Sign - Lettering Monument

LENGTH: _____ WIDTH: _____ HEIGHT: _____

FEE SUMMARY:

APPLICATION FEE: \$ _____

REVIEW FEE: \$ _____

INSPECTION FEE: \$ _____

OTHER _____: \$ _____

BOND(S): \$ _____

TOTAL: \$ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

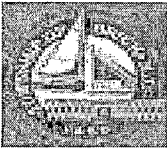
CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☒ PB ☒ ZBAPPLICATION NUMBER: 223-15APPROVED DATE: 9-23-15**ENGINEERING REVIEW:**

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



Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued: _____
Application Number: ZA-18-01236
Application Date: 10/5/2018
Project Number: _____
Permit Number: _____
Fee: \$50.00

Zoning Permit

Worksite **1695 ROUTE 88**
Location: **Brick Township, NJ 08724**

Owner: **K & S WALL PROPERTIES LLC**
Address: **1909 VINCENT CT**
WALL, NJ 07719

Applicant: **NORTHEAST CONSTRUCTION**
Address: **528 ARNOLD AVE STE B**
PT PLEASANT, NJ 08742

Block: 842 Lot: 22 Qualifier: _____ Zone: B-1

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

Present Use: Commercial & Residential

☐ Non Conforming Use

☐ Non Conforming Structure

Proposed Use: Medical Offices (Vanita H. Patel, MD & Hitesh B Patel, MD)

Work Description:

Sign, Site Improvement Work - Installation of a monument style sign and two light poles.

Resolution of Approval by the Brick Twp. Planning Board. PB-2767 / R-23-15
September 23, 2015

Additional Zoning Permit is required for additional work or signage.

Application Approved Date: 10/5/2018

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

10/5/2018

Christopher J. Romano
Christopher J. Romano, Assistant Zoning Officer

Date

Sean Kinnevy
Sean Kinnevy, Zoning Officer

10/10/18
Date