



Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

***This File Contains Personal Identifiable
Information of Private Citizen(s).***

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- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

A handwritten signature in black ink, appearing to read "Bryan J. Dickerson", is written over a horizontal line.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

20-0450

CONSTRUCTION PERMIT APPLICATION

ON C20-003409

Tel. 732 272 6433 FAX: ✓ ✓

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 _____

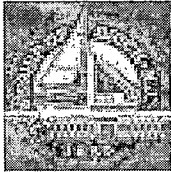
TOTAL COST 20,500

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. ☐ LPG Gas Tanks	

Proposed

ate Present:
Units Income-re
y use).

CH 15



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 03/24/2021
Control Number C-20-003409
Permit Number 21-0450
Permit Issue Date 02/23/2021
Certificate Number 21-0450

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: (201) 724-5935
Contractor MADO CONSTRUCTION LLC
Address 2633 RIVER RD MANASQUAN NJ 08736
Telephone: (732) 272-6733 Fax: _____ Federal Emp. Number: 814048105
License Number or Builders Registration Number: _____

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: SOLAR PANELS - ...INSTALL 14.40 kw ROOF MOUNT PHOTOVOLTAIC SOLAR SYSTEM

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:

Daniel Newman Jr

Construction Official

Date Printed: 03/24/2021

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

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1



ELECTRICAL SUBCODE TECHNICAL SECTION



Open 2/18

Date Received
Control #
Date Issued
Permit #

2/23/21

0450

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

Block 842 Lot 22 Qualification Code _____

Work Site Location 1695 R+ 88

Brick NJ 08724

Owner in Fee: Hitesh Patel

Tr _____

Address _____

street municipality zip code

Contractor: Lighthouse Electrical Contractors, Inc. Tel. 732 822-0841

Address 36 Country Club Drive e-mail mkg5one@gmail.com

Neptune, NJ 07753

Contractor License No. 15945 Exp. Date 3/31/21

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 300 420 803 FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 6,500

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval
[] No Plans Required		Rough			
[] Partial Underslab Utilities Approved		Barrier-Free			
Date: _____ Approved by: _____		Trench			
[✓] Electric Plans Approved		Temp. Serv.			
Date: <u>10-16-2020</u> Approved by: <u>[Signature]</u>		Constr. Serv.			
Joint Plan Review Required:		TCO			
[] Bldg. [] Plumb. [] Fire. [] Elev.		Other			
SUBCODE APPROVAL for PERMIT		Service			
Date: <u>10-16-2020</u>		Final		<u>3/5/21</u>	<u>[Signature]</u>
Approved by: <u>[Signature]</u>		Barrier-Free			
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued			
[] CO [] CC [] CA		Final Cut-in-Card Date Issued			
Date: <u>3-9-20</u>		Annual Pool Inspection			
Approved by: <u>[Signature]</u>		Date of Grounding and Bonding Certification			

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: _____

[X] Licensed Elec. Contractor [] Certified Landscape Irrigation Contr. [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

45 Solar panels on S/H from a rooftop under 35 ft

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures (14.4kw)	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
<u>45</u>	_____	<u>Solar panels</u>	_____
_____	_____	TOTAL NUMBER	\$ _____
_____	_____	Pool Permit with UW Lights	_____
_____	_____	Storable Pool/Spa/Hot Tub	_____
<u>45</u>	_____	<u>KW Elec. Range/Receptacle</u>	_____
_____	_____	<u>KW Oven/Surface Unit</u>	_____
_____	_____	<u>KW Elec. Water Heater</u>	_____
<u>1</u>	_____	<u>KW Elec. Dryer/Receptacle</u>	_____
_____	_____	<u>KW Dishwasher</u>	_____
_____	_____	HP Garbage Disposal	_____
_____	_____	KW Central A/C Unit (14.4kw)	_____
_____	_____	HP/KW Space Heater/Air Handler	_____
<u>1</u>	_____	<u>KW Baseboard Heat</u>	_____
_____	_____	<u>HP Motors 1/4 HP</u>	_____
_____	_____	KW Transformer/Generator box	_____
_____	_____	AMP Service	_____
_____	_____	AMP Subpanels	_____
_____	_____	AMP Motor Control Center	_____
<u>1</u>	<u>60 amp</u>	<u>KW Elec. Sign/Outline Light</u>	_____
_____	_____	<u>disconnect</u>	_____

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



21-0450

White = Applicant Copy • Canary = Office Copy



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

2/23/21
C-20-003409

21 0450

IDENTIFICATION Block: 842 Lot: 22 Qualifier
Work Site Location: 1695 ROUTE 88 Brick Township, NJ Contractor: MADO CONSTRUCTION LLC
Address: 2633 RIVER RD. MANASQUAN NJ 08736
Owner in Fee: K & S WALL PROPERTIES LLC
1909 VINCENT CT. WALL NJ 07719 Telephone: (732) 272-6733
Telephone: (201) 724-5935 Lic. No. or Bldrs. Reg. No. 13VH09415300
Federal Employee, No. 814048105

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:

SOLAR PANELS...INSTALL 14.40 kw ROOF MOUNT PHOTOVOLTAIC SOLAR SYSTEM

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 \$20,500

Construction Official

Date

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	\$700
Electrical	\$250
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$39
CO Fee	
Other	\$0
Total	\$989
Check No.	3530
Cash	\$0
Credit	\$0
Collected By	CW

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.

RECEIVING CLERK: [Signature]DATE REC'D: 12/23/21

ZONING PERMIT APPLICATION

PERMIT # ZP-21-00232DATE ISSUED: 2/23/22BLOCK: 842 LOT: 22 QUALIFIER: _____ SITE ADDRESS: 1695 Rt 88

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Hitesh Patel
COMPLETE ADDRESS: 1695 Rt 88 Brick NJ 08724
PHON: [REDACTED]
2. NAME OF APPLICANT: Charles Russell
APPLICANT ADDRESS: 2633 River Rd
Manasquan NJ 08736
PHONE # 954 305 7327 EMAIL: Charlie.R@Massociatesand
consulting.com
3. RESPONSIBLE PERSON FOR WORK: Doug Morgan
PHONE # 732 272 6433 FAX # 1
4. SIGNATURE OF APPLICANT: C.A. [Signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: \$ _____

OTHER: \$ _____

TOTAL: \$ _____

REQUIRED BY APPLICANT

RESIDENTIAL: _____

COMMERCIAL: _____

EXISTING USE: _____

PROPOSED USE: _____

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: SolarDESCRIPTION: 45 Solar Panels on SIF home rooftop under 35 ft. 14.4 Kw

ZONING REVIEW:

DATE REVIEWED: 10-12-21

DATE DENIED: _____

DATE APPROVED: 10-12-20INTLS: [Signature]

(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



Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1041

Date Issued: _____
Application Number: ZA-20-01323
Application Date: 10/8/2020
Project Number: _____
Permit Number: _____
Fee: \$75.00

Zoning Permit

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

Owner: **Hitesh Patel**
Address: **1695 Route 88**
Brick , NJ 08724

Applicant: **MADO CONSTRUCTION LLC**
Address: **2633 RIVER RD**
MANASQUAN, NJ 08736

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: Medical Offices

☐ Non Conforming Use

☐ Non Conforming Structure

Proposed Use: Medical Offices

Work Description:

Solar Energy System - 45- 320W Sunpower Solar, 14.4kW Enphase micro- inverters, mounted on the roof of the building.

Additional Zoning Permit is required for additional work.

Application Approved Date: 10/12/2020

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, Zoning Officer

10/14/2020

Date

EDWARD. F. ANGSTER

PROFESSIOALENGINEER,

ARCHITECT ,SURVEYOR,PLANNER

29,CENTRAL AVENUE,TOMSRIVER,NJ-08753

Construction Code Office

Date: 9th SEP 2020

Re: Structural Certification

Subj:1695 NJ-88 BRICK TOWNSHIP, NJ 08724, USA

We have provided an inspection and review of the property roof construction of the above named property in regards to verifying the capacity of the existing roof for installation of a new Solar Panel Array.

We have found the COMMERCIAL BUILDING to be of wood frame construction bearing walls. all Roofs are of beam and perlin stucture with beams @ 24" o.c. (perlin 2*4, rafter spacing 24 in)with rubber layer on top of the roof.

The existing roof structure bears directly upon the exterior stud framed wall system. The existing members as installed meet the required load/span ratings with sufficient capacity to carry the minor additional load of 5.0 #/sf imposed by the proposed solar array per the details below. the load due to solar array will be approximately 21.7 lbs/mtg foot.

Installation of solar rack systems shall be as follows:

Each panel row shall be supported upon ballast system aero compact-s10- shown in drawings as per the manufactures specifications.

When installed per the above specifications the system shall exceed 115 MPH wind & 30 PSF snow loads as required by the IRC-2018-NJ.

Should you have any further question or comment please feel free to contact our office.

Respectfully,

Edward F. Angster
EDWARD F. ANGSTER

LIC NO- PE/LS- 13450

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK _____

PERMIT # _____

BLOCK _____ LOT _____ ADDRESS 1695 NJ-88 Brick 08724**IDENTIFICATION:**

1. WORK SITE ADDRESS 1695 NJ-88 Brick NJ 08724
2. APPLICANT Charles Russell
3. NAME OF OWNER IN FEE Hitesh Patel
ADDRESS 1695 NJ-88 Brick NJ 08724
PHON [REDACTED]
4. PRINCIPAL CONTRACTOR MAD Construction
ADDRESS 2633 River Rd Manasquan NJ 08736
PHONE 732 272 6433 EMAIL DougM@Massassociatesandconsulting.com
5. ARCHITECT OR ENGINEER Edward Angster
ADDRESS 29 Central Ave Toms River NJ
PHONE 732 892 6221 EMAIL EdwardAngster@aol.com
6. RESPONSIBLE PERSON FOR WORK Doug Morgan
ADDRESS 2633 River Rd Manasquan NJ 08724
PHONE 732 282 6433 EMAIL DougM@Massassociatesandconsulting.com

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 ☐ COMMERCIAL SITE MAINTENANCE
- ☐ DESCRIPTION solar 45 solar panels (14.4 kw)

ENGINEERING REVIEW:

DATE RECEIVED _____ DATE REJECTED _____ DATE APPROVED _____ INITIALS _____